



TACOMA-PIERCE COUNTY  
HEALTH DEPARTMENT

## **Public Health Prevention Priorities (PHPP) 2002 Evaluation Plan**

**May 2002**

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## **Background**

In 1998, the Tacoma-Pierce County Board of Health identified three behavioral risk factors associated with the greatest impact on morbidity and mortality in Pierce County and charged the Tacoma-Pierce County Health Department (TPCHD) with developing long-term primary prevention efforts to reduce these risk factors among Pierce County residents. These three behavioral risk factors—tobacco use, alcohol misuse and violence—have been the focus of the TPCHD’s prevention efforts since that time. Program areas include tobacco cessation, youth tobacco prevention and environmental tobacco smoke within the tobacco prevention effort; family violence, youth violence and firearm storage within the violence prevention effort; and alcohol misuse prevention efforts.

In 2002, the Office of Community Assessment (OCA) at TPCHD was asked to develop a comprehensive evaluation plan to monitor outcomes of activities within the three prevention priorities. The first step toward the evaluation plan was the development of logic models for the seven program areas within the three prevention priorities. The second step was the development of this evaluation plan document. Finally, OCA will provide support in the implementation of this evaluation plan in 2002, including coordination of data management systems, data collection, analysis, report writing and project management functions.

## **Purpose**

The main purpose of evaluating the activities of TPCHD’s prevention priorities is to assess if these activities are making Pierce County a healthier place to live. In other words, what are the effects and impacts of these activities? There is also an emphasis on answering the question: Are TPCHD’s prevention activities or some other interventions causing observed behavioral changes (or intermediate outcomes)? Finally, evaluating PHPP activities will allow for ongoing program improvement to take place.

A two-phase approach is taken to address this question and complete the evaluation of PHPP activities. First, quasi-experimental community interventions that measure outcomes for intervention and comparison groups are proposed where feasible. These studies compare program participants with an equivalent group of people who do not receive the program in order to see whether participants’ gains exceed those made by non-participants and to help eliminate the possibility that some other program caused the gains seen. Typically, results are not available from these studies until after a minimum of six months up to several years. Secondly, in order to provide evaluation results in a shorter time period, data collections are proposed to measure outcomes defined in logic models developed for each of the program areas (see below for more detailed description). By measuring these outcomes, linkages are built to strengthen the hypothesis that a program is or is not producing its desired results.

## **Logic Models**

The attached logic models (see Appendix A) were developed for each of the program areas within the three prevention priorities to provide an overview of resources and activities in 2002 and the desired outcomes of these activities.

Outcomes were separated into short, medium and long-term measurements. Short-term outcomes are typically related to process goals (e.g., measuring the number of people who participated in interventions). Measuring these short-term outcomes help evaluate whether the activity is being implemented as planned—an important first step in showing a link between these activities and long-term outcomes. Medium outcomes typically measure the extent to which the activities have changed knowledge or attitudes—a second step toward measurable behavior change. Finally, long-term outcomes measure desired behavior changes, which can take several years to occur.

## **Criteria for a Successful Evaluation Plan**

The following criteria help determine how successful an evaluation plan can be:

- Consistency in projects and activities.
- Stability of projects and activities.
- Building in evaluation components at the beginning of project planning.
- Sufficient resources—staff, funding, and data collection tools—to implement the evaluation plan.
- Support from management and staff for evaluation activities.

TPCHD is fortunate to have significant support from both management and staff for a comprehensive evaluation plan to measure prevention activities. At the present time, there are sufficient resources—epidemiology and prevention staff, current data collection tools, and funding—to implement the evaluation plan. The level of consistency and stability of these activities varies across the continuum from activity to activity. Some activities have also been implemented for a while without a formal evaluation plan in place from the start, while other activities are only now being implemented and have an opportunity to build in evaluation components from the beginning.

## **Evaluation Plan**

The following evaluation plan describes the data sources and methods needed to measure indicators assessing the success of each PHPP activity planned for 2002. Each measurement technique applies to a short, medium or long-term outcome identified in the logic models for the program area listed.

## Tobacco Use: Cessation

### Activity #1: Promotion of WA Tobacco Quit Line

- a. Distribution of “small media”, such as quit cards, post-it notes, posters, pocket calendars.
- b. Pilot postcard mailer campaign to zip codes with low-income residents.
- c. “Large media” campaigns, such as radio ads, movie theater slides, cable television program and newspaper ads.
- d. Food handler campaign (stickers, PSAs and slides to promote the Quit Line at TPCHD food handler training classes).
- e. Health provider mailings (pharmacists, chiropractors, dentists, alternative health care providers, WIC providers, Head Start providers).

*Objectives:* 1) Increase number of monthly calls to Washington State Tobacco Quit Line. 2) Increase the percentage of Pierce County tobacco users who attempt to quit using tobacco. 3) Decrease the prevalence of tobacco use by Pierce County residents.

*Among Whom:* Pierce Co. adult tobacco users and their family/friends (via workplaces, health care providers).

*By When:* Postcard mailings in May/June; food handler campaign beginning April; provider mailings in April/May; other activities ongoing through 12/31/02.

#### *Short-term Outcome Measurements:*

- Increase number of Pierce County tobacco users and their family/friends who receive Quit Line promotional messages.
- Increase number of calls by Pierce County residents to WA adult tobacco quit line.

#### *Methods/Data Sources:*

- a. Track number of “small media” items distributed to Pierce County tobacco users and their family/friends in 2002.
- b. Track number of food handlers who attend training classes from April to December 2002.
- c. Track number of impressions of “large media” advertisements.
- d. Track number of postcards distributed to residents in specified zip codes.
- e. Use Quit Line call data produced by Washington State DOH to measure number of calls by Pierce County residents in 2002.
  - i. Compare call data by zip code before and after postcard campaign to measure its success in increasing calls by residents in targeted zip codes. Track number of callers who identified the postcard mailing as source of Quit Line information.
  - ii. Compare rate of calls by Pierce County residents to other counties with lower level of promotional activities. Use number of smokers as denominator data to provide more appropriate comparisons.
  - iii. Measure number of calls referred by health care provider.

**New**

*Methods/Data Sources (continued):*

**New**

f. Use Market Data Research's Pulse survey to measure the proportion of Pierce Co. residents who have seen Quit Line messages, who called the Quit Line and who gave the phone number to a friend or family member who currently smokes. Compare responses by zip code (to assess postcard mailing).

**New**

g. Work with TPCHD Food Safety staff to develop data collection tool and methods to measure food handlers' knowledge of Quit Line post-training class.

*Timeline:* Collect "small media" distribution twice a year. Collect "large media" audience numbers throughout the year as they occur. Measure Quit Line data on a quarterly basis (Mar, Jun, Sep, Dec). Monthly survey of food handlers (based on attendance lists at training classes). Conduct Pulse survey twice a year.

*Intermediate Outcome Measurements:*

- Maintain adults' high level of knowledge about harmful effects of tobacco.
- Increase adults' knowledge about tobacco cessation resources.

*Methods/Data Sources:*

**New**

a. Use Market Data Research's Pulse survey to measure the proportion of Pierce Co. residents who know the harmful effects of tobacco and who know about the Quit Line and other tobacco cessation resources available to Pierce County residents.

**New**

b. Pre- and post-test for food handlers attending training classes re: knowledge of harmful effects of tobacco and tobacco resources.

*Timeline:* Measure knowledge of general population via Pulse survey every six months. Measure knowledge of food handlers monthly at training classes.

*Long-term Outcome Measurements:*

- Increase number of tobacco users who stay tobacco-free for three months.
- Increase number of tobacco users who stay tobacco-free for one year.
- Increase number of cessation attempts (24 hours or longer) by adults.
- Increase permanent tobacco cessation by adults (tobacco-free for at least five years).
- Decrease prevalence of tobacco use by adults.

*Methods/Data Sources:*

- a. Use Behavioral Risk Factor Surveillance System (BRFSS) data to measure the prevalence of tobacco use among Pierce County residents, the proportion of Pierce County smokers who intend to quit smoking in next six month and have quit smoking within the past year and the length of time staying smoke-free.
- b. Compare Pierce County BRFSS data for the two measures described above to other counties within Washington to compare level of behavioral changes.
- New

 c. Add a question to BRFSS about the number of quit attempts for smokers.
- New

 d. Use Washington DOH's 2000 "County Profiles of Tobacco Knowledge and Beliefs" telephone survey data to measure the readiness to quit of current smokers. Repeat telephone survey using same methodology every two years.
- New

 e. Conduct focus groups of Pierce County residents who have quit smoking in the past year to qualitatively assess their motivation to quit, how they quit and if any of TPCHD's promotional efforts helped them.

*Timeline:* Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.). Conduct tobacco knowledge and beliefs survey every two years after 2000 (2002, 2004, 2006, etc.). Conduct focus group annually.

Activity #2: Promotion of Youth Quit Line

(Exact activities to be determined in time for October 2002 implementation.)

*Objectives:* 1) Increase number of monthly calls to new Washington State Youth Tobacco Quit Line. 2) Increase the percentage of Pierce County youth tobacco users who attempt to quit using tobacco. 3) Decrease the prevalence of tobacco use by Pierce County youth in 2002.

*Among Whom:* Pierce County youth (middle and high school students).

*By When:* From 10/1/02 (start of new quit line) to 12/31/02

*Short-term Outcome Measurements:*

- Increase number of Pierce County youth tobacco users and their family/friends who receive Youth Quit Line promotional messages.
- Increase number of calls by Pierce County youth to WA youth tobacco quit line.

*Methods/Data Sources:*

- a. Track number of Pierce County youth tobacco users and their family/friends who receive “small media” items in 2002.
- b. Use Quit Line call data from Washington DOH to measure number of calls by Pierce County youth starting October 2002. Compare rate of calls by Pierce County youth to other counties with lower level of promotional activities.
- New

 c. Conduct a community intervention experiment or quasi-experiment: select (randomly or by matched comparison of demographics and size) 10 to 15 middle/high schools and/or youth organizations to receive Quit Line promotional activities from October to December 2002. Conduct pre- and post-tests for students at those schools/organizations to assess increases in knowledge about and awareness of the Youth Tobacco Quit Line, and compare their responses to those of comparison schools and/or youth organizations.
- New

 d. Non-randomly select zip codes and saturate middle/high schools and youth organizations within those zip codes with Quit Line promotional messages. Measure any differences in Quit Line usage between intervention zip codes and comparison zip codes using Quit Line data collected.

*Timeline:* Measure Youth Quit Line data on a quarterly basis (starting Dec). Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.). Measure data from intervention schools/organizations in October 2002 and January 2003.

*Intermediate Outcome Measurements:*

- Increase youth’s desire to quit using tobacco.
- Increase youth’s knowledge about tobacco cessation resources.

*Methods/Data Sources:*

- New

 a. Conduct a community intervention experiment or quasi-experiment: select (randomly or by matched comparison of demographics and size) 10 to 15 middle/high schools and/or youth organizations to receive Quit Line promotional activities from October to December 2002. Conduct pre- and post-tests for students at those schools/organizations to assess increases in knowledge about and awareness of the Youth Tobacco Quit Line, and compare their responses to those of comparison schools and/or youth organizations.
- b. Use Healthy Youth Survey to measure the proportion of Pierce County students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades who have heard about the Youth Quit Line and who believe tobacco use is harmful and whose friends would disapprove of use.

*Timeline:* Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.). Measure data from intervention schools/organizations in October 2002 and January 2003.



*Long-term Outcome Measurements:*

- Increase number of quit attempts (24 hours or longer) by youth.
- Increase tobacco cessation by youth.
- Decrease prevalence of tobacco use by youth.

*Methods/Data Sources:*

- a. Use Healthy Youth Survey to measure the proportion of Pierce County students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades who have quit smoking in the past year.
- b. Use Healthy Youth Survey to measure the prevalence of tobacco use by Pierce County students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades.

*Timeline:* Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.).

Activity #3: Basic Tobacco Intervention Skills (BTIS) training

- a. Introduction class
- b. Four hour certification class
- c. Instructor training
- d. Bi-monthly luncheons/support meetings
- e. McNeil Island prison training (in development)

*Objectives:* 1) Increase the number of health and other service providers in Pierce County who screen for tobacco use and assist in referring tobacco users to appropriate resources. 2) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* Health providers, dental providers, health educators and community members in Pierce County (who receive BTIS training) and Pierce County tobacco users (who receive brief intervention from BTIS-trainee).

*By When:* 12/31/02

*Short-term Outcome Measurements:*

- Increase number of health providers who receive training on screening patients for tobacco use (by attending BTIS).
- Increase number of community leaders who receive training on screening patients for tobacco use (by attending BTIS).
- Increase number of faith-based leaders who receive training on screening patients for tobacco use (by attending BTIS).

*Methods/Data Sources:*

- a. Track and report number of BTIS participants and what community sector they represent (e.g., faith-based, health care, cross-cultural).
- b. Ongoing tracking of number of BTIS trainings and participants taught by non-TPCHD instructors (originally trained by TPCHD).

New

*Timeline:* Measure BTIS participation monthly. Track and report data from other BTIS trainings twice a year.

*Intermediate Outcome Measurements:*

- Increase BTIS participants' knowledge of stages of readiness.
- Increase BTIS participants' skills to move tobacco users along continuum toward quitting.
- Increase health providers' intent to screen patients for tobacco use.

*Methods/Data Sources:*

- a. Pre- and post-tests, knowledge test and three skills-based evaluations for BTIS participants to measure awareness, knowledge and skills.
- b. Follow-up questionnaire sent one month after participation and questionnaires distributed at quarterly luncheons to measure level of screening and interventions occurring.

New

*Timeline:* Measure BTIS participants' awareness, knowledge, skills and actions monthly.

*Long-term Outcome Measurements:*

- Increase number of health providers who screen patients for tobacco use.
- Increase number of community leaders who screen people for tobacco use.
- Increase number of faith-based organizations that screen people for tobacco use.
- Increase number of health care and community organizations that have systematically integrated BTIS into their practices.
- Increase number of cessation attempts (24 hours or longer) by adults.
- Increase number of tobacco users who stay tobacco-free for three months.
- Increase number of tobacco users who stay tobacco-free for one year.
- Increase permanent tobacco cessation by adults (tobacco-free for at least five years).
- Decrease prevalence of tobacco use by adults.

*Methods/Data Sources:*

New

a. Telephone survey of BTIS participants three months after training to assess level of screening and interventions occurring, number of referrals to Quit Line and Patch Plus, and how systems have changed.

New

b. Follow-up questionnaire sent one month after participation and questionnaires distributed at quarterly luncheons to measure level of screening and interventions occurring with participants' workplaces.

c. Use Behavioral Risk Factor Surveillance System (BRFSS) data to measure the prevalence of tobacco use among Pierce County residents, the proportion who were advised by a health professional to quit, the proportion of Pierce County smokers who intend to quit smoking in next six month and have quit smoking within the past year and the length of time staying smoke-free.

d. Compare Pierce County BRFSS data for the measures described above to other counties within Washington that over-sampled BRFSS to compare level of behavioral changes.

New

f. Use Washington DOH's 2000 "County Profiles of Tobacco Knowledge and Beliefs" telephone survey data to measure the readiness to quit of current smokers. Repeat telephone survey using same methodology every two years.

New

g. Add a question to BRFSS about the number of quit attempts for smokers.

New

h. Conduct focus groups of Pierce County residents who have quit smoking in the past year to qualitatively assess their motivation to quit, how they quit and if any of TPCHD's promotional efforts helped them.

*Timeline:* Monthly telephone survey three months after BTIS training. Follow-up questionnaires sent monthly and quarterly at luncheons. Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.). Conduct tobacco knowledge and beliefs survey every two years after 2000 (2002, 2004, 2006, etc.). Conduct focus groups annually.

Activity #4: Patch Plus Partnership Program

- a. Adjunct pharmacotherapy
- b. Telephone counseling
- c. Systematic integration of program in health care organizations

*Objectives:* 1) Increase the number of health and other service providers in Pierce County who screen for tobacco use and assist in referring tobacco users to appropriate resources. 2) Increase outreach and develop sustainable capacity in underserved communities to reduce tobacco use. 3) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* Low-income adults in Pierce County, community health clinics, tobacco settlement contractors, staff working in TPCHD direct service programs.  
*By When:* 12/31/02

*Short-term Outcome Measurements:*

- Increase number of health providers who receive info on screening patients for tobacco use (by attending BTIS).
- Increase number of low-income people trying to quit smoking who use pharmacotherapy.

*Methods/Data Sources:*

- a. Develop database to track the following information about Patch Plus Program participants: number of persons enrolled; number of participants who are uninsured or who have Medicaid, Medicare, or other insurance that does not cover cessation services or have a prescription medication benefit; level of services received in program; other cessation resources used; demographic characteristics; number of years smoked and average packs smoked per day; quit date and number of weeks smoke-free; referral source (name of health care or community organization); quit attempts history; and level of motivation to quit.
- b. Track and report number of health care providers who are attending BTIS to become eligible for Patch Plus Program.

*Timeline:* Track and report Patch Plus Program participant data twice a year. Track and report quit rates on monthly basis, three months after participants enroll in program. Track and report tobacco champion and systems data twice a year.

*Intermediate Outcome Measurements:*

- Increase health providers' intent to screen patients for tobacco use.

*Methods/Data Sources:*

**New**

- a. Distribute annual one-page fax survey to health providers at community health clinics to assess beliefs and behavior around screening patients for tobacco use. Compare responses from health providers who have attended BTIS training to those from health providers who have not attended BTIS training. Measure increases in behavior and changes in beliefs on annual basis.

*Timeline:* Annual health provider fax survey conducted each June.

*Long-term Outcome Measurements:*

- Increase number of health providers/community leaders who screen patients/community members for tobacco use.
- Increase number of health care and community organizations serving low-income clients that have systematically integrated BTIS/Patch Plus into their practices.
- Increase number of cessation attempts (24 hours or longer) by adults.
- Increase number of tobacco users who stay tobacco-free for three months.
- Increase number of tobacco users who stay tobacco-free for one year.
- Increase permanent tobacco cessation by adults (tobacco-free for at least five years).
- Decrease prevalence of tobacco use by adults.

*Methods/Data Sources:*

- a. Track number of health care systems/community organizations with trained tobacco champion.
- b. Track number/percent of callers to Quit Line who were referred by a health provider.
- New

 c. Follow-up with Patch Plus Program participants three, six and twelve months after the first telephone counseling session to measure quit rates. Coordinate with King County to combine data. Compare quit rates to standards found in research literature for best practices and to Quit Line quit rates.
- New

 d. Conduct a quantitative and qualitative assessment of health care and community organizations that have participated in Patch Plus, comparing them to organizations that have not participated in the program. Measure levels of screening patients/clients for tobacco use, level of referrals to brief and intensive interventions, presence of reminder systems and protocols for screening and other components of systems change.
- New

 e. Develop a qualitative assessment by tobacco champions as to what components of BTIS/Patch Plus work well and not well within their organizations.
- f. Use Behavioral Risk Factor Surveillance System (BRFSS) data to measure the prevalence of tobacco use among Pierce County residents, the proportion who were advised by a health professional to quit, the proportion of Pierce County smokers who intend to quit smoking in next six month and have quit smoking within the past year and the length of time staying smoke-free.
- New

 g. Select clinics to participate in a randomized community intervention experiment in which clients would be randomly assigned to participate in Patch Plus Program (program group) or to receive Quit Line information only (control group). Cessation rates would be measured at three, six and twelve months.
- h. Track the number of cessation attempts prior to and during program as part of database on Patch Plus Program participants.
- i. Use Washington DOH's 2000 "County Profiles of Tobacco Knowledge and Beliefs" telephone survey data to measure the readiness to quit of current smokers. Repeat telephone survey using same methodology every two years.
- New

 j. Add a question to BRFSS about the number of quit attempts for smokers.

*Timeline:* Track and report quit rates on monthly basis, six and twelve months after participants enroll in program. Survey tobacco champions yearly. Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.). Conduct tobacco knowledge and beliefs survey every two years after 2000 (2002, 2004, 2006, etc.).

Activity #5: Tobacco Education Group (TEG) & Tobacco Awareness Program (TAP)

- a. Training in May/June (dependent on available funding).

*Objectives:* 1) Increase the ability of community systems and processes to assist and ensure youth tobacco users' access to cessation resources. 2) Decrease the prevalence of tobacco use by Pierce County youth in 2002.

*Among Whom:* School staff, parent organization participants and other health educators (to be trained); youth ages 12 to 18 years who use tobacco (to receive interventions).

*By When:* Training by 9/30/02.

*Short-term Outcome Measurements:*

- Increase number of calls to WA youth tobacco quit line.
- Increase number of youth who receive brief and/or intensive interventions.

*Methods/Data Sources:*

New

- a. Track and report number of TEG/TAP participants and what schools and community organizations they represent.
- b. Telephone survey of TEG/TAP participants three months after training to assess level of screening and interventions occurring, number of referrals to Youth Quit Line and how systems have changed.
- c. Compare schools represented by TEG/TAP training participants to schools with no TEG/TAP trainings (including schools with other harm reduction programs). Measures include knowledge of Youth Quit Line, number of referrals to Youth Quit Line, number of harm reduction and other diversion programs and other indicators of systems change.

New

*Timeline:* Measure TEG/TAP participation after annual training. Telephone survey three months after annual training.

*Intermediate Outcome Measurements:*

- Increase participants' knowledge of stages of readiness.
- Increase participants' skills to move tobacco users along continuum toward quitting.
- Maintain adults' high level of knowledge about tobacco cessation resources.

*Methods/Data Sources:*

- a. Pre- and post-tests, knowledge test and three skills-based evaluations for TEG/TAP participants to measure awareness, knowledge and skills.

*Timeline:* Measure participants' awareness, knowledge, skills and actions at annual training.

*Long-term Outcome Measurements:*

- Increase tobacco cessation by youth (using harm reduction techniques).
- Decrease prevalence of tobacco use by youth.

*Methods/Data Sources:*

- a. Use Healthy Youth Survey to measure the proportion of Pierce County students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades who have quit smoking in the past year.
- b. Use Healthy Youth Survey to measure the prevalence of tobacco use by Pierce County students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades.

*Timeline:* Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.)

Activity #6: Community group capacity

- a. Tobacco Advisory Board
- b. Needs assessment of cross-cultural communities
- c. Kickbutts Day and Great American Smokeout promotion to faith-based organizations
- d. Tobacco Free Puyallup
- e. Sumner tobacco coalition
- f. Gig Harbor tobacco coalition
- g. Madigan Hospital/military community
- h. Communities in Schools
- i. American Cancer Society cross-cultural group

*Objectives:* 1) Increase the ability of community systems and processes to assist and ensure tobacco users' access to cessation resources. 2) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* Key stakeholders and community groups in Pierce County.

*By When:* 12/31/02

*Short-term Outcome Measurements:*

- Increase number of tobacco cessation services for cross-cultural communities.
- Increase attendance at tobacco cessation events.

*Methods/Data Sources:*

- a. Track and report number of community leaders and faith-based leaders representing cross-cultural communities who attend BTIS trainings.
- b. Track and report number of existing tobacco cessation services and subsequent newly developed services for cross-cultural communities.
- c. Track and report participation at tobacco cessation events.

New

*Timeline:* Track and report above data on quarterly basis.

*Intermediate Outcome Measurements:*

- Increase adults' knowledge about tobacco cessation resources.
- Maintain adults' high level of knowledge about harmful effects of tobacco.

*Methods/Data Sources:*

New

a. Use Market Data Research's Pulse survey to measure the proportion of Pierce Co. residents who know the harmful effects of tobacco.

New

b. Use Market Data Research's Pulse survey to measure the proportion of Pierce Co. residents who know about the Quit Line and other tobacco cessation resources available to Pierce County residents.

New

c. Survey client populations of community-based organizations serving cross-cultural groups to measure awareness of Quit Line and other tobacco cessation resources (to reach populations not accessible by telephone surveys).

*Timeline:* Measure knowledge of general population via Pulse survey twice a year.

*Long-term Outcome Measurements:*

- Increase number of community leaders and faith-based organizations that screen for tobacco use.
- Increase community capacity to address tobacco prevention.
- Decrease health disparities related to tobacco use in Pierce County.
- Decrease prevalence of tobacco use by adults.

*Methods/Data Sources:*

New

a. Telephone survey of BTIS participants (representing community and faith-based organizations) three months after training to assess level of screening and interventions occurring and number of referrals to brief/intensive interventions.

New

b. Develop quantitative and qualitative data collection tool to assess increases in community capacity of, prevention activities conducted by and financial capacity of community groups.

New

c. Use Washington DOH's 2000 "County Profiles of Tobacco Knowledge and Beliefs" telephone survey data to measure support for local tobacco prevention and control efforts. Repeat telephone survey using same methodology every two years.

d. Use Behavioral Risk Factor Surveillance System (BRFSS) data to measure the prevalence of tobacco use among Pierce County residents by race/ethnicity and income level.

*Timeline:* Collect community capacity data every six months. Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.). Conduct tobacco knowledge and beliefs survey every two years after 2000 (2002, 2004, 2006, etc.)



#### Activity #7: Workplace policies and client interventions

- a. Anti-tobacco policies.
- b. Coverage of cessation interventions in employee health benefits.
- c. At-work cessation services.
- d. Tobacco-free campuses.
- e. Western State Mental Hospital (in development)

*Objectives:* 1) Increase the ability of community systems and processes to assist and ensure tobacco users' access to cessation resources. 3) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* Management and key stakeholders within identified organizations; health care providers within identified organizations who provide direct client services.

*By When:* 12/31/02

#### *Short-term Outcome Measurements:*

- Increase number of workplaces in Pierce County with anti-tobacco policies and employee cessation benefits/services.
- Increase number of Pierce County tobacco users and their family/friends who receive Quit Line promotional messages.
- Increase number of calls to WA adult tobacco quit line.
- Increase number of adults who receive intensive interventions.

#### *Methods/Data Sources:*

**New**

- a. Track number of workplaces in Pierce County with anti-tobacco policies, tobacco-free campuses, employee cessation benefits and at-work employee cessation interventions (including promoting the Quit Line).
- b. Use Quit Line call data produced by Washington State DOH to measure number of calls by Pierce County residents in 2002. Compare rate of calls (per 100,000 population) by Pierce County residents to other counties with lower level of promotional activities.
- c. Use Behavioral Risk Factor Surveillance System (BRFSS) data to measure the percent of residents who have health insurance coverage of cessation services.

*Timeline:* Track and report workplace data annually. Report Quit Line data quarterly (Mar, Jun, Sep, Dec). Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.).

#### *Intermediate Outcome Measurements:*

- Maintain adults' high level of knowledge about harmful effects of tobacco.
- Increase adults' knowledge about tobacco cessation resources.

*Methods/Data Sources:*

New

- a. Conduct community intervention quasi-experiment: select intervention and comparison employer groups for pre- and post-tests assessing knowledge of the economic effects of tobacco on the workplace, the Quit Line and cessation resources; the number of employees who use tobacco; and the number of employees who have successfully/unsuccessfully tried to quit.

New

- b. Use Market Data Research's Pulse survey to measure the proportion of Pierce Co. residents who know the harmful effects of tobacco.

New

- c. Use Market Data Research's Pulse survey to measure the proportion of Pierce Co. residents who know about the Quit Line and other tobacco cessation resources available to Pierce County residents.

*Timeline:* Conduct survey at intervention employer group and matched comparison employer group six months after interventions occurred at worksites. Measure knowledge of general population via Pulse survey every six months.

*Long-term Outcome Measurements:*

- Increase number of cessation attempts (24 hours or longer) by adults.
- Increase number of tobacco users who stay tobacco-free for three months.
- Increase number of tobacco users who stay tobacco-free for one year.
- Increase permanent tobacco cessation by adults (tobacco-free for at least five years).
- Decrease prevalence of tobacco use by adults.

*Methods/Data Sources:*

- a. Use Behavioral Risk Factor Surveillance System (BRFSS) data to measure the prevalence of tobacco use among Pierce County residents, the proportion of Pierce County smokers who intend to quit smoking in next six month and have quit smoking within the past year and the length of time staying smoke-free.

- b. Compare Pierce County BRFSS data for the two measures described above to other counties within Washington to compare level of behavioral changes.

New

- c. Use Washington DOH's 2000 "County Profiles of Tobacco Knowledge and Beliefs" telephone survey data to measure the readiness to quit of current smokers. Repeat telephone survey using same methodology every two years.

New

- d. Add a question to BRFSS about the number of quit attempts for smokers.

*Timeline:* Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.). Conduct tobacco knowledge and beliefs survey every two years after 2000 (2002, 2004, 2006, etc.).

## **Tobacco Use: Youth Tobacco**

### Activity #1: Tobacco Free Kids Club

*Objectives:* 1) Increase youth tobacco awareness/involvement. 2) Decrease the initiation and continued use of tobacco by youth. 3) Share and support best practices toward policy development. 4) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* First through sixth grade students in Puyallup.

*By When:* Finish third and final year of interventions by 6/30/02.

#### *Short-term Outcome Measurements:*

- Increase number of students who practice ways to say “no” to tobacco in schools.

#### *Methods/Data Sources:*

- a. Community intervention quasi-experiment: three yearly pre- and post-tests to assess increases in knowledge, attitudes and behaviors of fourth, fifth and sixth grade students.

*Timeline:* Final post-tests to be conducted June 2002.

#### *Intermediate Outcome Measurements:*

- Decrease misperceptions about the prevalence of youth and adult tobacco use.
- Increase youth’s knowledge about harmful effects of tobacco.
- Increase the percentage of youth who report that most people who smoke want to quit.

#### *Methods/Data Sources:*

- a. Community intervention quasi-experiment: three yearly pre- and post-tests to assess increases in knowledge, attitudes and behaviors of fourth, fifth and sixth grade students.

*Timeline:* Final tests to be conducted June 2002.

#### *Long-term Outcome Measurements:*

- Decrease initiation of tobacco by youth.
- Decrease number of students who use tobacco on school property.
- Strengthen healthy norms for youth (e.g., peer pressure).

**New**

*Methods/Data Sources:*

- a. Community intervention quasi-experiment: three yearly pre- and post-tests to assess increases in knowledge, attitudes and behaviors of fourth, fifth and sixth grade students.
- b. Use Healthy Youth Survey of Pierce County students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades to measure initiation of tobacco by youth, the number of students who use tobacco on school property, the prevalence of tobacco use and the number of students whose friends disapprove of tobacco use.
- c. Use Washington DOH's 2000 "County Profiles of Tobacco Knowledge and Beliefs" telephone survey data to measure how often people see youth smoking in communities. Repeat telephone survey using same methodology every two years.

*Timeline:* Final yearly follow-up tests to be conducted June 2002. Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.). Conduct tobacco knowledge and beliefs survey every two years after 2000 (2002, 2004, etc.).

Activity #2: Street Theater (pilot)

*Objectives:* 1) Increase youth tobacco awareness/involvement. 2) Increase public visibility of youth anti-tobacco activities. 3) Decrease the initiation and continued use of tobacco by youth. 4) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* Pierce County youth.

*By When:* 12/31/02

*Short-term Outcome Measurements:*

- Increase attendance at youth tobacco prevention events.

*Methods/Data Sources:*

**New**

- a. Track and report the following information about each Street Theater event:
  - i. Number of audience members.
  - ii. Location of event.
  - iii. General demographic description of audience (e.g., age, gender, race/ethnicity).

*Timeline:* Track and report Street Theater events quarterly. Assess knowledge and skills of youth participants twice a year.

*Intermediate Outcome Measurements:*

- Increase youth's knowledge about harmful effects of tobacco.
- Increase adult's awareness of youth tobacco prevention efforts.

**New**

*Methods/Data Sources:*

- a. Develop qualitative evaluation tool to assess knowledge and skills learned by Street Theater youth participants.
- b. Use WA DOH telephone survey data to measure the proportion of Pierce County residents who are aware of anti-tobacco efforts in the community.

*Timeline:* Assess knowledge and skills of youth participants twice a year. Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.).

*Long-term Outcome Measurements:*

- Decrease initiation of tobacco by youth.
- Strengthen healthy norms for youth (e.g., peer pressure).

*Methods/Data Sources:*

- a. Use Healthy Youth Survey of Pierce County students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades to measure initiation of tobacco by youth, the number of students who use tobacco on school property, the prevalence of tobacco use and the number of students whose friends disapprove of tobacco use.
- b. Use Washington DOH's 2000 "County Profiles of Tobacco Knowledge and Beliefs" telephone survey data to measure how often people see youth smoking in communities. Repeat telephone survey using same methodology every two years.

**New**

*Timeline:* Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.). Conduct tobacco knowledge and beliefs survey every two years after 2000 (2002, 2004, etc.).

Activity #3: Compliance checks of tobacco retailers

*Objectives:* 1) Increase youth tobacco awareness/involvement. 2) Decrease the initiation and continued use of tobacco by youth. 3) Share and support best practices toward policy development. 4) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* Tobacco retailers and youth in Pierce County.

*By When:* 12/31/02

*Short-term Outcome Measurements:*

- Maintain monitoring 100% of tobacco retailers in Pierce Co. (that are safe and appropriate for students to enter) for compliance with youth tobacco laws.

*Methods/Data Sources:*

- a. Track new and existing tobacco retailers licensed in Pierce County and date of compliance check.

*Timeline:* Report number of tobacco retailers assessed monthly.

*Intermediate Outcome Measurements:*

- Increase tobacco retailers' knowledge of youth tobacco access laws and penalties.
- Increase tobacco retailers' knowledge of harmful health effects of youth tobacco use.
- Increase number of youth who believe that tobacco is hard to get.

*Methods/Data Sources:*

**New**

- a. Track and report results of compliance checks to assess number and percent of tobacco retailers who were cited for non-compliance.
- b. Survey tobacco retailers at time of compliance check to measure knowledge of harmful health effects of youth tobacco use.
- c. Use Healthy Youth Survey to measure the number of Pierce County students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades who believe tobacco is hard to get.

*Timeline:* Report results monthly. Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.).

*Long-term Outcome Measurements:*

- Decrease number of youth who illegally buy tobacco from retailers.
- Decrease number of tobacco retailers selling tobacco to youth.
- Strengthen healthy norms for youth (e.g., peer pressure).

*Methods/Data Sources:*

- a. Use Healthy Youth Survey to measure the number of Pierce County students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades who bought tobacco at retail outlets. Also measure students' beliefs about harmfulness of tobacco, friends' use of tobacco and friends' feelings about tobacco use.
- b. Track compliance rate of tobacco retailers and measure any changes from year to year.
- c. Track violations and disposition records to measure retailers' behavior change regarding current enforcement and penalties.

*Timeline:* Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.). Track changes in compliance rates annually.

**Activity #4: Operation Storefront**

*Objectives:* 1) Increase youth tobacco awareness/involvement. 2) Decrease the initiation and continued use of tobacco by youth. 3) Share and support best practices toward policy development. 4) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* Tobacco retailers, youth, and general public in Pierce County  
*By When:* Summer

*Short-term Outcome Measurements:*

- Decrease the average number of tobacco signs in tobacco retail stores.

*Methods/Data Sources:*

**New**

- a. Systematically enter data from results of Operation Storefront into existing customized database so that quantitative data is more readily available to report by PHSS district and for Pierce County as a whole.
- b. Report results of assessments (amount of tobacco signage and marketing materials at tobacco retail stores) by PHSS district.
- c. Compare annual results by PHSS district to measure any decreases in the average number of tobacco signs in tobacco retail stores.

*Timeline:* Conduct assessments at tobacco retail stores in the summer.

*Intermediate Outcome Measurements:*

- Increase youth's knowledge and skepticism of tobacco marketing techniques.
- Increase community's awareness of tobacco marketing techniques targeting youth.

*Methods/Data Sources:*

**New**

- a. Pre- and post-tests for students who participate in Operation Storefront (both for those also in media literacy program and those only participating in Operation Storefront) to measure changes in attitudes, opinions and knowledge about tobacco marketing.

**New**

- b. Use Market Data Research's Pulse survey to measure the proportion of Pierce County residents who are aware of the tobacco industry's marketing techniques targeting youth.

*Timeline:* Pre-and post-tests conducted at beginning of training and after surveying tobacco retailers, with results reported annually. Pulse survey annually.

*Long-term Outcome Measurements:*

- Decrease initiation of tobacco by youth.
- Strengthen healthy norms for youth (e.g., peer pressure).

New

*Methods/Data Sources:*

- a. Use Healthy Youth Survey to measure age of initiation of tobacco use by Pierce County students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades and students' and friends' beliefs about harmfulness of tobacco and friends' use of tobacco.
- b. Use Washington DOH's 2000 "County Profiles of Tobacco Knowledge and Beliefs" telephone survey data to measure how often people see youth smoking in communities. Repeat telephone survey using same methodology every two years.

*Timeline:* Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.). Conduct tobacco knowledge and beliefs survey every two years after 2000 (2002, 2004, etc.).

Activity #5: TATU trainings

*Objectives:* 1) Increase youth tobacco awareness/involvement. 2) Decrease the initiation and continued use of tobacco by youth. 3) Strengthen anti-tobacco use norms of middle school students. 4) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* High school students, elementary school students in Pierce County.

*By When:* 12/31/02

*Short-term Outcome Measurements:*

- Increase attendance at youth tobacco prevention events.
- Increase number of students who practice ways to say "no" to tobacco in schools.

*Methods/Data Sources:*

- a. Track and report the number of high school students who attend TATU trainings, the number and location of presentations given by trained TATU students and the number of elementary students who attend TATU presentations.
- b. Classroom coordinator and presentation evaluations.

*Timeline:* Track and report data annually.

*Intermediate Outcome Measurements:*

- Decrease misperceptions about the prevalence of youth and adult tobacco use.
- Increase youth's knowledge about harmful effects of tobacco.



**New**

*Methods/Data Sources:*

- a. Pre- and post-tests for teen teachers to measure knowledge and skills.
- b. Post-tests for elementary students who attend TATU presentations to assess knowledge of harmful effects of tobacco and misperceptions about the prevalence of youth and adult tobacco use.

*Timeline:* Distribute post tests after each TATU presentation. Present results annually.

*Long-term Outcome Measurements:*

- Decrease initiation of tobacco by youth.
- Decrease number of students who use tobacco on school property.
- Strengthen healthy norms for youth (e.g., peer pressure).

*Methods/Data Sources:*

- a. Use Healthy Youth Survey to measure age of initiation of tobacco use by Pierce County students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades, students' and friends' beliefs about harmfulness of tobacco and friends' use of tobacco and students' use of tobacco on school property.
- b. Use Washington DOH's 2000 "County Profiles of Tobacco Knowledge and Beliefs" telephone survey data to measure how often people see youth smoking in communities. Repeat telephone survey using same methodology every two years.

**New**

*Timeline:* Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.). Conduct tobacco knowledge and beliefs survey every two years after 2000 (2002, 2004, etc.).

Activity #6: Youth/community collaborations

- a. Pierce County LITE
- b. Other community groups

*Objectives:* 1) Increase youth tobacco awareness/involvement. 2) Decrease the initiation and continued use of tobacco by youth. 3) Share and support best practices toward policy development. 4) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* Youth and key stakeholders/community groups in Pierce County.

*By When:* 12/31/02

*Short-term Outcome Measurements:*

- Increase involvement in anti-tobacco community groups by youth.
- Increase attendance at youth tobacco prevention events.

*Methods/Data Sources:*

**New**

- a. Develop a database to track the number of community groups addressing youth tobacco prevention, the approximate number of youth involved in each group, the number of tobacco prevention activities or events and the approximate number of youth attending those events.

**New**

- b. Develop questionnaire to assess youth participants' intent to continue participating in other tobacco prevention activities (as well as their evaluation of the current activity).

*Timeline:* Track and report data annually.

*Intermediate Outcome Measurements:*

- Decrease misperceptions about the prevalence of youth and adult tobacco use.
- Increase youth's knowledge about harmful effects of tobacco.

*Methods/Data Sources:*

- a. Use Healthy Youth Survey to measure 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade students' knowledge and beliefs about harmfulness of tobacco.

*Timeline:* Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.)

*Long-term Outcome Measurements:*

- Decrease initiation of tobacco by youth.
- Increase community capacity to address tobacco prevention.
- Increase school capacity to address tobacco prevention.

*Methods/Data Sources:*

**New**

- a. Use Healthy Youth Survey to measure initiation of tobacco use by students in the 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades.
- b. Develop quantitative and qualitative data collection tool to assess increases in community capacity of, prevention activities conducted by and financial capacity of community groups.

**New**

- c. Develop quantitative and qualitative data collection tool to assess increases in school capacity to address tobacco prevention (including number of prevention activities conducted during the past school year).

**New**

- d. Use Washington DOH's 2000 "County Profiles of Tobacco Knowledge and Beliefs" telephone survey data to measure how often people see youth smoking in communities and support for local tobacco prevention and control efforts for youth. Repeat telephone survey using same methodology every two years.

*Timeline:* Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.). Conduct tobacco knowledge and beliefs survey every two years after 2000 (2002, 2004, etc.). Assess community and school capacity annually.

### Activity #7: Media literacy programs

- a. Media Sharp
- b. Teens, Tobacco and Media
- c. Marketing media produced by youth

*Objectives:* 1) Increase youth tobacco awareness/involvement. 2) Decrease the initiation and continued use of tobacco by youth. 3) Share and support best practices toward policy development. 4) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* Middle and high school students in Pierce County.

*By When:* 12/31/02.

#### *Short-term Outcome Measurements:*

- Increase attendance in tobacco prevention media literacy programs throughout the county.

#### *Methods/Data Sources:*

- a. Track the number of media literacy events and the number of youth participating in them.
- b. Track the number of youth-generated anti-tobacco messages developed in media literacy activities that are being used by community groups and other organizations as part of public education campaigns. Track number of impressions generated by these messages developed for television and radio PSAs, billboards and other print media.

*Timeline:* Track and report data annually.

#### *Intermediate Outcome Measurements:*

- Increase youth's knowledge and skepticism of tobacco marketing techniques.

#### *Methods/Data Sources:*

New

- a. Simplified pre- and post-tests of event participants to measure changes in attitudes, opinions and knowledge about the media and tobacco (questions specific to TPCHD's program).

New

- b. Follow-up tests to measure long-term attitudinal changes and knowledge levels.

*Timeline:* Pre- and post-tests conducted at each media literacy event. Follow-up tests conducted three to six months after each event.

#### *Long-term Outcome Measurements:*

- Decrease initiation of tobacco by youth.
- Strengthen healthy norms for youth (e.g., peer pressure).

New

*Methods/Data Sources:*

- a. Use Healthy Youth Survey to measure age of initiation of tobacco use by Pierce County students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades, students' and friends' beliefs about harmfulness of tobacco and friends' use of tobacco and students' use of tobacco on school property
- b. Use Washington DOH's 2000 "County Profiles of Tobacco Knowledge and Beliefs" telephone survey data to measure how often people see youth smoking in communities. Repeat telephone survey using same methodology every two years.

*Timeline:* Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.). Conduct tobacco knowledge and beliefs survey every two years after 2000 (2002, 2004, etc.).

Activity #8: Unfiltered video activities

*Objectives:* 1) Increase youth tobacco awareness/involvement. 2) Decrease the initiation and continued use of tobacco by youth. 3) Share and support best practices toward policy development. 4) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* High school students in Pierce County.

*By When:* 12/31/02.

*Short-term Outcome Measurements:*

- Complete assessment of Unfiltered program.

*Methods/Data Sources:*

- a. Qualitative assessment of effectiveness of Unfiltered program in Pierce County schools.

*Timeline:* Complete assessment by 12/31/02.

*Intermediate Outcome Measurements:*

- Decrease misperceptions about the prevalence of youth and adult tobacco use.
- Increase youth's knowledge about harmful effects of tobacco.

*Methods/Data Sources:* TBD, once decision is made to move forward with activities.

*Long-term Outcome Measurements:* TBD, once decision is made to move forward with activities.

## **Tobacco Use: Environmental Tobacco Smoke**

### Activity #1: Smoke-free restaurant/bar/tavern promotion

- a. Fresh Air Dining Guides
- b. Local newspaper ads
- c. One-on-one education with owners/managers
- d. Cotinine study

*Objectives:* 1) Increase the number of smoke-free restaurants and other spaces. 2) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* Restaurant/bar/tavern owners and managers; current smokers in Pierce County.

*By When:* 12/31/02.

### *Short-term Outcome Measurements:*

- Increase number of “Fresh Air” Dining Guides distributed.
- Increase number of ETS media messages.

### *Methods/Data Sources:*

- a. Track number of Fresh Air Dining Guides distributed and method of distribution.
- b. Track impressions of media advertisements.

*Timeline:* Track Dining Guide distribution and media messages annually.

### *Intermediate Outcome Measurements:*

- Increase public awareness of ETS messages in the media.
- Maintain knowledge level about harmful effects of ETS.
- Increase public approval of smoking restrictions.

### *Methods/Data Sources:*

- a. Use Market Data Research’s Pulse survey to measure the proportion of Pierce County residents who have seen messages about smoke-free restaurants in the media and who consider the smoking status of a restaurant when looking for a place to eat.
- b. Use Market Data Research’s Pulse survey and BRFSS data to measure the proportion of Pierce County residents who believe second-hand smoke is harmful and who approve of smoking restrictions.
- c. Use Washington DOH’s 2000 “County Profiles of Tobacco Knowledge and Beliefs” telephone survey data to measure support of banning smoking in restaurants and how a ban on smoking would change their eating out frequency. Repeat telephone survey using same methodology every two years.

**New**

**New**

*Timeline:* Measure knowledge of general population via Pulse survey annually. Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.). Conduct tobacco knowledge and beliefs survey every two years after 2000 (2002, 2004, etc.).

*Long-term Outcome Measurements:*

- Increase number of existing restaurants/taverns/bars that are smoke-free.
- Increase number of new restaurants/taverns/bars that are smoke-free.
- Reduce prevalence of ETS at restaurants/taverns/bars, public parks and bus shelters/hubs.
- Increase number of cessation attempts by adults.
- Decrease prevalence of tobacco use by adults.

*Methods/Data Sources:*

- a. Using TPCHD Food Safety database of existing restaurants/taverns/bars, track number of smoke-free locations. Track smoke-free status on new permits for restaurants/taverns/bars.
- New

 b. Track the number of public parks, bus shelters/hubs and multi-unit housing developments that are smoke-free or have smoke-free policies in place.
- New

 c. Conduct survey of smoke-free restaurants/taverns/bars to determine reasons why they chose to ban smoking. Assess the impact TPCHD prevention activities and media campaign has had on their decisions.
- d. Use Behavioral Risk Factor Surveillance System (BRFSS) data to measure the prevalence of ETS in the home and the proportion of Pierce County smokers who quit smoking within the past year.

*Timeline:* Assess Food Safety database in first quarter of each year (after annual update has been completed). Track smoke-free locations annually. Conduct restaurant survey annually. Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.).

Activity #2: Integration of ETS messages into TPCHD programs

- a. Child care providers
- b. Clean Air for Kids

*Objectives:* 1) Integrate ETS messages and activities into other TPCHD activities.  
2) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* Child care providers who have contact with TPCHD staff; youth served by Clean Air for Kids program in Pierce County.

*By When:* 12/31/02.

*Short-term Outcome Measurements:*

- Increase number of “Fresh Air” Dining Guides distributed.

*Methods/Data Sources:*

- a. Track number of Fresh Air Dining Guides distributed by TPCHD programs.

*Timeline:* Track Dining Guide distribution annually.

*Long-term Outcome Measurements:*

- Fully integrate ETS activities and messages into TPCHD programs with direct client services.

**New**

*Methods/Data Sources:*

- a. Develop quantitative and qualitative tool to measure level of integration of ETS messages in other TPCHD programs.

*Timeline:* Conduct integration assessment annually.

Activity #3: Assessments of ETS policies at other locations

- a. Workplaces not covered by Clean Indoor Air Act
- b. Public transportation areas
- c. Multi-unit housing

*Objectives:* 1) Increase the number of smoke-free workplaces not covered under the Washington Clean Indoor Air Act. 2) Assess feasibility of smoke-free public transportation shelters and stations. 3) Assess availability of smoke-free housing in Pierce County. 4) Decrease the prevalence of tobacco use by Pierce County residents in 2002.

*Among Whom:* Key stakeholders at examples of the three target locations.

*By When:* 12/31/02.

*Short-term Outcome Measurements:*

- Complete assessments of smoke-free workplaces, public transportation centers and multi-unit housing.

*Methods/Data Sources:*

- a. Qualitative and quantitative data collection using questionnaires.

*Timeline:* Report findings of assessment by 12/31/02.

*Intermediate Outcome Measurements:* TBD

*Long-term Outcome Measurements:*

- Strengthen smoking restrictions at public parks and bus shelters/hubs.

*Methods/Data Sources:*

New

- a. Conduct brief survey annually of key stakeholders in community to assess level of support for smoke-free public parks and bus shelters/hubs.
- b. Use Washington DOH's 2000 "County Profiles of Tobacco Knowledge and Beliefs" telephone survey data to measure exposure to ETS at work. Repeat telephone survey using same methodology every two years.

New

*Timeline:* Conduct tobacco knowledge and beliefs survey every two years after 2000 (2002, 2004, etc.).

## **Violence: Family Violence**

### Activity #1: Domestic Violence Helpline bathroom placard campaign

- a. General bathroom campaign
- b. Teen bathroom campaign

*Objectives:* 1) Increase calls to the Domestic Violence Helpline. 2) Increase and sustain awareness of family violence in Pierce County. 3) Increase effective teen dating violence prevention throughout Pierce County. 4) Decrease the prevalence of family violence in Pierce County.

*Among Whom:* Victims of domestic violence and their friends and family.

*By When:* 12/31/02.

#### *Short-term Outcome Measurements:*

- Maintain the current level of DV Helpline promotional posters & cards in bathrooms.
- Establish teen-appropriate locations for bathroom campaign.

#### *Methods/Data Sources:*

- a. Track number of bathroom placards, location, approximate number of cards and audience (teen vs. all ages).

*Timeline:* Track and report numbers of posters/cards annually.

#### *Intermediate Outcome Measurements:*

- Increase awareness of family violence in Pierce Co.
- Increase knowledge of family violence resources in Pierce Co.
- Increase teens' awareness of dating violence.
- Increase teens' knowledge of dating violence resources.



*Methods/Data Sources:*

New

a. Use Market Data Research's Pulse survey to measure the proportion of Pierce County residents who have seen the DV bathroom placards, have heard of the DV Helpline and believe family violence is a local health problem.

New

b. Conduct a non-randomized community quasi-experiment: select schools in Pierce County who will receive teen-appropriate bathroom placards and schools that will serve as comparison groups. Use pre- and post-tests to measure changes in awareness and knowledge of students about the DV Helpline and other dating violence prevention resources.

*Timeline:* Measure knowledge of general population via Pulse survey annually. Conduct pre-test in Fall 2002 and post-test Winter 2003 at participating school districts.

*Long-term Outcome Measurements:*

- Increase calls to the DV Helpline.
- Increase use of family violence resources by victims.
- Increase victim safety.
- Decrease the acceptability of violence toward women.
- Decrease the prevalence of domestic violence in Pierce County.
- Decrease DV assaults and homicides in Pierce County.
- Change community norms around acceptance of family violence.

*Methods/Data Sources:*

New

a. Develop new color for cards and track callers to DV Helpline who got the number from the new cards.

New

b. Qualitative and quantitative survey of identified DV victims who have sought resources to increase their safety to measure their awareness of the bathroom campaign (prior to seeking resources) and use of the DV Helpline.

c. Track the outcomes of people who call the DV Helpline to assess the number that seek counseling, leave violent situations, or use other resources that will increase victim safety.

New

d. Analyze crime data from the Washington Association of Sheriffs and Police Chiefs to measure the rate of DV violence offenses, including homicides, in Pierce County.

New

e. Add a question on BRFSS about episodes of family violence experienced by Pierce County residents.

New

f. Conduct a non-randomized community quasi-experiment: select schools in Pierce County who will receive teen-appropriate bathroom placards and schools that will serve as comparison groups. Measure number of calls to DV Helpline by students at intervention and comparison schools.

*Timeline:* Track numbers and outcomes of DV Helpline callers annually. Analyze crime data annually. Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.). Measure DV prevalence via Pulse survey annually.

## Activity #2: Health provider domestic violence training

- a. Northwest Physicians Network pilot project
- b. Dissemination of materials by TPCHD Network Nurses
- c. Assessment of screening practices by OB/GYNs

*Objectives (tentative):* 1) Increase the percent of health care providers in Pierce County who routinely screen patients for family violence and make appropriate referrals. 2) Increase and sustain awareness of family violence in Pierce County. 3) Decrease the prevalence of family violence in Pierce County.

*Among Whom:* Pierce County health providers.

*By When:* 12/31/02.

### *Short-term Outcome Measurements:*

- Increase number of health providers who receive info on DV screening and resources.

### *Methods/Data Sources:*

**New**

- a. Track number of health providers who receive educational intervention or information on DV resources distributed by TPCHD.

*Timeline:* Track health provider intervention data annually.

### *Intermediate Outcome Measurements:*

- Decrease barriers to health providers screening patients for family violence.
- Increase health providers' knowledge of family violence resources for patient referrals.

### *Methods/Data Sources:*

**New**

- a. Post-tests given to health providers who attend educational training (pilot project) to assess increases in knowledge of family violence resources and intent to screen.

**New**

- b. Follow-up survey for health providers who attend educational training (pilot project) to assess barriers to screening patients for family violence.

*Timeline:* Post-tests given during training. Follow-up survey sent three months after training.

### *Long-term Outcome Measurements:*

- Increase number of women who are screened for family violence by health providers.
- Increase calls to the DV Helpline.
- Increase use of family violence resources by victims.
- Increase victim safety.
- Decrease the prevalence of domestic violence in Pierce County.
- Decrease DV assaults and homicides in Pierce County.

*Methods/Data Sources:*

**New**

- a. Monitor PRAMS data (starting with 1996-98) on the percent of women who gave birth who received family violence screening by health providers during pregnancy.
- b. Follow-up survey for health providers who attend or receive educational intervention (pilot project) to measure frequency of screening for DV, systems change within organization and frequency of referral to Helpline or other resources.
- c. Track number of callers to DV Helpline who are referred by a health provider.

**New**

*Timeline:* Analyze PRAMS data for Pierce County annually. Track DV Helpline calls quarterly. Follow-up survey sent three months after educational intervention.

Activity #3: Faith-based organization capacity building

- a. Facilitation of activities by Faith Partners Against Family Violence (FPAFV)
  - i. Individual denomination trainings
  - ii. Membership increases
  - iii. Moments of Blessing
  - iv. List of “safe” clergy/congregations
- b. Assessment of current awareness/practices of faith community leaders
- c. Follow-up from 2001 conference

*Objectives:* 1) Increase faith communities’ capacity to identify, respond to, and prevent family violence within congregations and the larger community. 2) Increase and sustain awareness of family violence in Pierce County. 3) Decrease the prevalence of family violence in Pierce County.

*Among Whom:* Leaders of faith-based communities and secular DV advocates in Pierce County.

*By When:* 12/31/02.

*Short-term Outcome Measurements:*

- Increase the number of faith-community leaders who participate in FPAFV.
- Increase the number of trainings for individual denominations.

*Methods/Data Sources:*

- a. Track number of faith-community leaders who participate in DV workgroup, attend conferences and participate in DV-related faith based events (e.g., Moments of Blessing).

*Timeline:* Track and report participation annually.

*Intermediate Outcome Measurements:*

- Increase faith-community leaders' knowledge of and access to family violence resources.
- Increase awareness of family violence in Pierce Co.
- Increase knowledge of family violence resources in Pierce Co.

*Methods/Data Sources:*

New

- a. Pre- and post-tests given at trainings to measure knowledge of participants and follow-up tests to measure knowledge three months after conference.

New

- b. Use Market Data Research's Pulse survey to measure the proportion of Pierce County residents who have heard of the DV Helpline from a faith-community leader, who are comfortable talking to a faith leader about family violence and who believe family violence is a local health problem.

*Timeline:* Pre- and post-tests conducted at time of trainings, and follow-up tests conducted three months after trainings. Measure knowledge of general population via Pulse survey annually.

*Long-term Outcome Measurements:*

- Increase number of faith-based organizations that formally address family violence issues.
- Increase calls to the DV Helpline.
- Increase use of family violence resources by victims.
- Increase victim safety.
- Decrease the prevalence of domestic violence in Pierce County.
- Decrease DV assaults and homicides in Pierce County.
- Change community norms around acceptance of family violence.

*Methods/Data Sources:*

New

- a. Conduct annual survey of faith-based organizations in Pierce County to assess level of interventions addressing family violence.

New

- b. Track number of faith-based organizations that use bathroom placards, have been represented at conference or use other interventions.
- c. Track number of DV Helpline calls and how callers heard of the Helpline.
- d. Track the outcomes of people who call the DV Helpline to assess the number that seek counseling, leave violent situations, or use other resources that will increase victim safety.

New

- e. Analyze crime data from the Washington Association of Sheriffs and Police Chiefs to measure the rate of DV violence offenses, including homicides, in Pierce County.

New

- f. Add a question on BRFSS about episodes of family violence experienced by Pierce County residents.

New

- g. Conduct focus groups to assess community norms around family violence.

*Timeline:* Conduct survey of faith-based organizations annually (April-June). Track and report faith-based organizations' DV prevention activities annually. Track numbers and outcomes of DV Helpline calls quarterly. Analyze crime data annually. Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.). Conduct focus groups annually.

#### Activity #4: Community collaborations

- a. Ongoing participation in DV groups
- b. Underserved populations

*Objectives:* 1) Improve identification and response to family violence within underserved populations. 2) Increase and sustain awareness of family violence in Pierce County. 3) Decrease the prevalence of family violence in Pierce County.

*Among Whom:* Key stakeholders and community leaders in Pierce County; Pierce Co. women and families; Latinos, Asian/Pis, Native Americans and elderly in Pierce Co.

*By When:* 12/31/02.

#### *Short-term Outcome Measurements:*

- Increase number of key stakeholders identified in communities.

#### *Methods/Data Sources:*

**New**

- a. Develop database to track number of participants involved in DV community groups and which communities they represent.

*Timeline:* Track and report numbers of community group participants annually.

#### *Intermediate Outcome Measurements:*

- Increase awareness of family violence in Pierce Co.
- Increase knowledge of family violence resources in Pierce Co.

#### *Methods/Data Sources:*

**New**

- a. Use Market Data Research's Pulse survey to measure the proportion of Pierce County residents who have heard of the DV Helpline, believe family violence is a local health problem and are aware of community activities.

*Timeline:* Measure knowledge of general population via Pulse survey annually.

*Long-term Outcome Measurements:*

- Increase communities' capacity to address family violence issues.
- Change community norms around acceptance of family violence.
- Increase calls to DV Helpline.
- Increase use of family violence resources by victims.
- Increase victim safety.
- Decrease the prevalence of domestic violence in Pierce County.
- Decrease DV assaults and homicides in Pierce County.

*Methods/Data Sources:*

New

a. Develop quantitative and qualitative data collection tool to assess increases in community capacity of, prevention activities conducted by and financial capacity of community groups.

b. Track number of DV Helpline calls and how callers heard of the Helpline.

c. Track the outcomes of people who call the DV Helpline to assess the number that seek counseling, leave violent situations, or use other resources that will increase victim safety.

New

d. Analyze crime data from the Washington Association of Sheriffs and Police Chiefs to measure the rate of DV violence offenses, including homicides, in Pierce County.

New

e. Add a question on BRFSS about episodes of family violence experienced by Pierce County residents.

New

f. Conduct focus groups to assess community norms around family violence.

*Timeline:* Collect community capacity data every six months. Track numbers and outcomes of DV Helpline calls quarterly. Analyze crime data annually. Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.). Measure DV prevalence via Pulse survey annually. Conduct focus groups annually.

**Violence: Firearm Safety**

Activity #1: LOKITUP media campaign

- a. Print ads
- b. Billboards
- c. Radio ads
- d. Brochure/coupon distribution
  - i. Gun shows
  - ii. Gun shops
  - iii. Firearm classes
  - iv. Gun permit offices

*Objectives:* Decrease the number of unlocked firearms in Pierce County homes.

*Among Whom:* Male firearm owners with children in the home, women with male partners who own firearms and who have children in the home, low-income firearm owners, gun shop owners, gun club managers, gun show coordinators, gun permit office managers, male handgun owners with children in the home in Pierce County.

*By When:* 12/31/02.

*Short-term Outcome Measurements:*

- Increase number of firearm safety media messages.
- Increase number of firearm owners who call the LOKITUP helpline.
- Increase number of firearm classes that include information about locking devices.
- Increase number of brochures/coupons distributed at gun shows.
- Increase number of brochures/coupons distributed at gun shops.

*Methods/Data Sources:*

**New**

- a. Track type of media used, audience type and audience numbers for media messages.
- b. Track number of calls from Pierce County residents to helpline and how they heard of the helpline.
- c. Track and report the number of brochures distributed at specific locations.

**New**

*Timeline:* Track and report media data, helpline data and brochure distribution annually.

*Intermediate Outcome Measurements:*

- Increase public awareness of firearm safety messages in the media.

*Methods/Data Sources:*

- a. Use Market Data Research's Pulse survey to measure the proportion of Pierce County residents who have heard/seen firearm safety messages in the media, can correctly identify the purpose of LOKITUP and believe firearm violence is a significant health problem in Pierce County.
- b. Qualitative convenience survey of firearm owners' attitudes toward and awareness of firearm safety messages at gun shows.

*Timeline:* Measure awareness via Pulse survey annually. Survey firearm owners' attitudes and awareness at monthly gun shows.

*Long-term Outcome Measurements:*

- Increase number of firearm owners who buy locking devices.
- Decrease the prevalence of unlocked & loaded firearms in households.
- Decrease incidence of firearm-related assaults and homicides.
- Decrease incidence of firearm-related suicide and self-inflicted injuries.
- Decrease incidence of firearm-related unintentional injuries and deaths.

**New**

**New**

*Methods/Data Sources:*

- a. Track sales data from major retailers of lock boxes. Partner with King County to incorporate larger market. Use 1998 and 1999 data (2000 data skewed by Y2K preparedness) as baseline to compare against.
- c. Offer a rebate on firearm locking devices, and track the number of coupons sent in to be redeemed.
- d. Use Behavioral Risk Factor Surveillance System (BRFSS) data to measure the proportion of Pierce County residents who keep unlocked and loaded firearms in the home. Compare to counties that do not have an ongoing firearm safety campaign.
- e. Analyze death certificate data from the Washington State Department of Health, hospitalization data from CHARS and crime statistics from the Washington Association of Sheriffs and Police Chiefs to measure incidence of firearm-related deaths and injuries.
- f. Analyze students' weapons use data (self-reported and recorded violations) collected by the Washington State Office of Superintendent of Public Instruction.

*Timeline:* Track and report sales data and rebate coupons annually. Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.). Measure incidence of firearm-related deaths and violence annually.

Activity #2: Child care center campaign

*Objectives:* Decrease the number of unlocked firearms in Pierce County homes with children.

*Among Whom:* Child care center owners, women with male partners who own firearms and who have children in home in Pierce County.

*By When:* 12/31/02

*Short-term Outcome Measurements:*

- Increase number of childcare centers that provide clients with LOKITUP brochures.
- Increase number of firearm owners who call the LOKITUP helpline.

*Methods/Data Sources:*

- a. Track the number of child care centers that display or distribute LOKITUP brochures.
- b. Track number of calls from Pierce County residents to helpline.

*Timeline:* Track and report brochure numbers and helpline data annually.

*Intermediate Outcome Measurements:*

- Increase adults' awareness of firearm violence in Pierce Co.



*Methods/Data Sources:*

- a. Use Market Data Research's Pulse survey to measure the proportion of Pierce County residents who have heard/seen firearm safety messages in the media and who believe firearm violence is a significant health problem in Pierce County.

*Timeline:* Measure awareness via Pulse survey annually.

*Long-term Outcome Measurements:*

- Increase number of firearm owners who buy locking devices.
- Decrease the prevalence of unlocked & loaded firearms in households.
- Decrease incidence of firearm-related assaults and homicides.
- Decrease incidence of firearm-related suicide and self-inflicted injuries.
- Decrease incidence of firearm-related unintentional injuries and deaths.

*Methods/Data Sources:*

New

New

- a. Track sales data from major retailers of lock boxes.
- b. Offer a rebate on firearm locking devices, and track the number of coupons sent in to be redeemed.
- c. Use Behavioral Risk Factor Surveillance System (BRFSS) data to measure the proportion of Pierce County residents who keep unlocked and loaded firearms in the home. Compare to counties that do not have an ongoing firearm safety campaign.
- d. Analyze death certificate data from the Washington State Department of Health, hospitalization data from CHARS and crime statistics from the Washington Association of Sheriffs and Police Chiefs to measure incidence of firearm-related deaths and injuries.
- e. Analyze students' weapons use data (self-reported and recorded violations) collected by the Washington State Office of Superintendent of Public Instruction.

*Timeline:* Track and report sales data and rebate coupons annually. Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.). Measure incidence of firearm-related deaths and violence annually.

Activity #3: Lock box give-aways

- a. TPCHD Family-Based Nurse Program.
- b. Mental health providers.

*Objectives:* Decrease the number of unlocked firearms in Pierce County homes with children and adolescents.

*Among Whom:* Low-income families with children who keep unlocked firearms in the home, families with adolescents at risk of suicide who keep unlocked firearms in the home.

*By When:* 12/31/02.

*Short-term Outcome Measurements:*

- Increase number of mental health providers who make lockboxes available to families of adolescent clients at risk of suicide.
- Increase number of low-income families with firearms who have lock boxes.
- Increase number of firearm owners who call the LOKITUP helpline.

*Methods/Data Sources:*

**New**

- a. Track the number of mental health providers who distribute lockboxes to clients.
- b. Track the number of lockboxes given to low-income families by TPCHD family-based nurses.

**New**

- c. Track number of calls from Pierce County residents to helpline.

*Timeline:* Track lockbox distribution and helpline calls annually.

*Intermediate Outcome Measurements:*

- Increase awareness of families with adolescents of the risk of suicide with unlocked firearms.
- Increase adults' awareness of firearm violence in Pierce Co.

*Methods/Data Sources:*

**New**

- a. Send a one-page fax survey to mental health providers to measure their opinions of awareness levels of families with adolescents.
- b. Use Market Data Research's Pulse survey to measure the proportion of Pierce County residents who have heard/seen firearm safety messages in the media and who believe firearm violence is a significant health problem in Pierce County.

*Timeline:* Survey mental health providers annually. Measure awareness via Pulse survey annually.

*Long-term Outcome Measurements:*

- Decrease the prevalence of unlocked & loaded firearms in households.
- Decrease incidence of firearm-related assaults and homicides.
- Decrease incidence of firearm-related suicide and self-inflicted injuries.
- Decrease incidence of firearm-related unintentional injuries and deaths.

*Methods/Data Sources:*

- a. Use Behavioral Risk Factor Surveillance System (BRFSS) data to measure the proportion of Pierce County residents who keep unlocked and loaded firearms in the home. Compare to counties that do not have an ongoing firearm safety campaign.
- b. Analyze death certificate data from the Washington State Department of Health, hospitalization data from CHARS and crime statistics from the Washington Association of Sheriffs and Police Chiefs to measure incidence of firearm-related deaths and injuries.
- c. Analyze students' weapons use data (self-reported and recorded violations) collected by the Washington State Office of Superintendent of Public Instruction.

*Timeline:* Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.). Measure incidence of firearm-related deaths and violence annually.

**Violence: Youth Violence**

Activity #1: Needs assessment

*Objectives:* 1) Assess the current capacity of Pierce County to provide best practice violence prevention programs to at-risk families with children 0-10 years. 2) Identify approaches which will have the greatest impact based on training and assessment. 3) Decrease the prevalence of youth violence in Pierce County.

*Among Whom:* Key stakeholders and youth service providers in Pierce County.  
*By When:* Fall 2002.

*Short-term Outcome Measurements:*

- Complete an assessment of the resources and services for youth development.

*Methods/Data Sources:*

- a. Qualitative assessment, including survey of and interviews with youth service providers and other community based organizations that address youth violence.

*Timeline:* Conduct assessment by Fall 2002.

*Intermediate Outcome Measurements:* TBD

*Long-term Outcome Measurements:* TBD

## Activity #2: Community collaborations

*Objectives:* 1) Continue ongoing staff efforts around youth violence prevention in the community. 2) Decrease the prevalence of youth violence in Pierce County.

*Among Whom:* Key stakeholders and community members in Pierce County.

*By When:* 12/31/02.

*Short-term Outcome Measurements:*

- Increase number of key stakeholders identified in communities.

*Methods/Data Sources:*

**New**

- a. Develop database to track number of participants involved in youth violence-related community groups and which communities they represent.

*Timeline:* Track and report numbers of community group participants annually.

*Intermediate Outcome Measurements:*

- Increase key stakeholders' knowledge of youth violence resources in Pierce County.
- Increase key stakeholders' knowledge of best practices for youth violence reduction.

*Methods/Data Sources:*

**New**

- a. Conduct focus groups of key stakeholders to measure knowledge of youth violence resources in Pierce County communities.

*Timeline:* Conduct focus groups annually.

*Long-term Outcome Measurements:*

- Increase communities' capacity to address youth violence issues.

*Methods/Data Sources:*

**New**

- a. Develop quantitative and qualitative data collection tool to assess increases in community capacity of, prevention activities conducted by and financial capacity of community groups.

*Timeline:* Collect community capacity data annually.

## Alcohol Misuse

### Activity #1: Community group capacity development

- a. DUI task force
- b. Greater Tacoma Community Partnership
- c. High school anti-drug and other prevention groups
- d. Peninsula School District
- e. Campus Community Partnership (CCP)
- f. Quarterly newsletter

*Objectives:* 1) Strengthen community groups interested in alcohol misuse prevention.  
2) Decrease the prevalence of alcohol misuse in Pierce County.

*Among Whom:* General public in Pierce County, alcohol retail outlets, community leaders, high school and middle school students, school staff, college students, CCP and other group members, key stakeholders.

*By When:* 12/31/02.

#### *Short-term Outcome Measurements:*

- Increase number of key stakeholders identified in communities.

#### *Methods/Data Sources:*

New

- a. Develop database tracking identified key stakeholders in communities and involvement in alcohol misuse prevention activities.

*Timeline:* Track and report the number of key stakeholders annually.

#### *Long-term Outcome Measurements:*

- Increase community capacity to address alcohol misuse issues.
- Change community norms around acceptance of alcohol misuse.

#### *Methods/Data Sources:*

New

- a. Select comparable communities to Pierce County (as defined by HRSA's Community Health Status Indicators Project) that have collected local BRFSS data on the prevalence of alcohol misuse. Draw comparisons between Pierce County and those communities in terms of level of alcohol misuse prevention activities, alcohol laws in place and alcohol misuse behaviors. Also compare alcohol-related indicators identified by Healthy People 2010 Objectives.

New

- b. Develop quantitative and qualitative data collection tool to assess increases in community capacity of, prevention activities conducted by and financial capacity of community groups.

New

- c. Use Market Data Research's Pulse survey to measure the proportion of Pierce County residents who believe alcohol misuse (e.g., social binge drinking, underage consumption) is a local health problem.

*Timeline:* Conduct community comparison annually. Conduct BRFSS over sampling in Pierce County every three years after 2000 (2003, 2006, 2009, etc.). Collect community capacity data and Pulse survey data annually.

Activity #2: Media campaign discouraging adults supplying alcohol to underage persons

*Objectives:* 1) Develop media campaign to heighten awareness of existing laws.  
2) Decrease the prevalence of alcohol misuse in Pierce County.

*Among Whom:* Underage persons and young adults in Pierce Co.

*By When:* 12/31/02

*Short-term Outcome Measurements:*

- Increase number of adults who have seen media campaign images.
- Increase number of underage persons who have seen media campaign images.

*Methods/Data Sources:*

New

- a. Track impressions of media advertisements in 2002.
- b. Use Market Data Research's Pulse survey to measure the proportion of Pierce County residents who remember seeing messages about underage drinking, both pre- and post-media campaign.

*Timeline:* Track and report media audience numbers annually. Measure awareness via Pulse survey annually.

*Intermediate Outcome Measurements:*

- Increase adults' awareness of law prohibiting purchase of alcohol for minors.
- Increase underage persons' awareness of law prohibiting purchase of alcohol for minors.
- Increase public approval of alcohol laws/restrictions.

*Methods/Data Sources:*

New

- a. Use Market Data Research's Pulse survey to measure the proportion of Pierce County residents who know about the law prohibiting purchase of alcohol for minors and who approve of this law.

*Timeline:* Measure awareness via Pulse survey annually.

*Long-term Outcome Measurements:*

- Increase compliance with law that prohibits furnishing alcohol to minors.
- Decrease availability of alcohol to underage persons.
- Change community norms around acceptance of alcohol misuse.
- Delay youth initiation of alcohol.
- Decrease prevalence of alcohol misuse (binge drinking) by underage persons.

**New**

*Methods/Data Sources:*

- a. Use Market Data Research's Pulse survey to measure the proportion of Pierce County residents who have bought alcohol for minors or who believe alcohol misuse is a local health problem.
- b. Use Healthy Youth Survey to measure the proportion of Pierce County students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades who used alcohol and measure what age they first used alcohol and how they obtained the alcohol.
- c. Use data collected by the Washington State Patrol to measure underage DUIs in Pierce County.
- d. Use Behavioral Risk Factor Surveillance System (BRFSS) data to measure the prevalence of alcohol misuse among Pierce County residents.
- e. Use the following measurements as indicators of alcohol misuse among persons under 21 years: alcohol-related hospitalizations, injuries and fatalities from alcohol-involved collisions. Compare rates annually to measure any decreases.

*Timeline:* Collect Pulse survey data and Washington State Patrol data annually. Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.). Measure hospitalization and motor vehicle collision data annually.

Activity #3: Alcohol-free and reduced-alcohol events

- a. First Night (alcohol-free)
- b. Sporting events at Tacoma Dome and Cheney Stadium (tentative)

*Objectives:* 1) Promote alcohol-free (or restricted) events. 2) Decrease the prevalence of alcohol misuse in Pierce County.

*Among Whom:* Event management staff, event coordinators and general public in Pierce Co.

*By When:* 12/31/02.

*Short-term Outcome Measurements:*

- Increase number of community events that decreased the amount of alcohol served.

*Methods/Data Sources:*

**New**

- a. Track the number of community events that decrease the amount of alcohol served or are alcohol-free.

*Timeline:* Track and report the number of community events annually.

*Intermediate Outcome Measurements:*

- Increase public approval of alcohol laws/restrictions.

*Methods/Data Sources:*

**New**

- a. Use Market Data Research's Pulse survey to measure the proportion of Pierce County residents who approve of identified alcohol restrictions at community events.

*Timeline:* Measure awareness via Pulse survey annually.

*Long-term Outcome Measurements:*

- Decrease prevalence of alcohol misuse (binge drinking) by underage persons.
- Delay youth initiation of alcohol.
- Decrease availability of alcohol to underage persons.
- Change community norms around acceptance of alcohol misuse.

*Methods/Data Sources:*

**New**

- a. Use Healthy Youth Survey to measure the proportion of Pierce County students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades who used alcohol and measure what age they first used alcohol.
- b. Use Market Data Research's Pulse survey to measure the proportion of Pierce County residents who have bought alcohol for minors or who believe alcohol misuse is a local health problem.
- c. Use data collected by the Washington State Patrol to measure underage DUIs in Pierce County.
- d. Use Behavioral Risk Factor Surveillance System (BRFSS) data to measure the prevalence of alcohol misuse among Pierce County residents.
- e. Use the following measurements as indicators of alcohol misuse among persons under 21 years: alcohol-related hospitalizations, injuries and fatalities from alcohol-involved collisions. Compare rates annually to measure any decreases.

*Timeline:* Collect Pulse survey data and Washington State Patrol data annually. Conduct Healthy Youth Survey over sampling in Pierce County every two years after 2000 (2002, 2004, 2006, etc.). Measure hospitalization and motor vehicle collision data annually.



## Appendix A: Logic Models

### 2002 Tobacco Cessation Logic Model

#### ASSUMPTIONS

- Research has established a causal relationship between tobacco use and lung cancer, other cancers, heart disease, chronic obstructive pulmonary disease, and other diseases; a decrease in the prevalence in tobacco use will lead to a decrease in the incidence of and mortality from these diseases.
- Tobacco cessation attempts are more likely to be successful if the following interventions occur: 1) minimal intervention (e.g., Quit Line cards, brochures), 2) brief interventions by health professionals and others, 3) intensive interventions including behavior modification class or telephone counseling and 4) use of adjunct pharmacotherapy (e.g., nicotine patch or other medications).
- Repeated tobacco cessation attempts increase the likelihood that tobacco users will achieve permanent cessation.
- The Washington Quit Line is a successful brief and intensive intervention strategy in helping current tobacco users to quit, both in the short and long term. Increasing the number of calls to the Quit Line will increase the number of cessation attempts, which will lead to an increase in the number of adults who quit using tobacco (short and long term), which will decrease the prevalence of tobacco use in Pierce County.
- In order to achieve the second goal of Healthy People 2010 (eliminate health disparities among segments of the population), prevention programs need to specifically identify and target underserved populations.
- Tobacco prevention activities (outputs) listed in this document will continue to be funded and implemented through the end of at least one evaluation cycle so that outcomes can be measured. Local funding will continue by the Tacoma-Pierce County Board of Health.

## ENVIRONMENTAL FACTORS

(External positive and negative influences)

- Ongoing Washington DOH anti-tobacco media campaign.
- Statewide cigarette tax (providing steady funding, decreasing youth initiation and encouraging cessation).
- Other local tobacco cessation efforts conducted by health providers, nonprofit health organizations, for-profit organizations (e.g., pharmaceutical companies, Smoke Enders), etc.
- Limited resources and unavailable materials (e.g., BTIS manuals, brochures) from Washington DOH.
- Funding for majority of activities and direction of priorities from Washington DOH.
- Tobacco industry marketing and lobbying efforts to keep pro-tobacco policies and community norms.
- Higher rates of poverty and smoking and a lower rate of education for Pierce County residents compared to Washington and U.S.
- Lack of tobacco prevention and control infrastructure among organizations serving underserved populations.

## INPUTS

(What we invest)

- TPCHD staff: prevention specialist/workgroup leader, workgroup members, support staff, prevention coordinator, program coordinator, Office of Community Assessment staff for evaluation plan, media coordinator.
- Active community task forces.
- Clinic and community tobacco champions.
- Local and state funding for ongoing tobacco cessation and capacity development activities.
- Training, consultation and materials from Washington DOH, Centers for Disease Control and Prevention, American Legacy Foundation and APPEAL.

| OUTPUTS   |   |
|---|---|
| <u>ACTIVITIES</u><br>(What we do)   | <u>PARTICIPATION</u><br>(Who we reach)  |
| <b>Minimal Interventions</b>  |   |
| Promote WA quit line<br>--Small media (quit cards, post-it notes, mints, bookmarks, Quit Kits, pins, coffee sleeves, card holders, posters, pocket calendars)<br>--Large media<br>*Postcard campaign<br><br>*Print ads<br>*Radio ads<br>*Movie theater slides<br>--Food handler campaign (stickers, PSAs, slides) | --Pierce Co. clinic patients, adult tobacco users and their family/friends<br><br>*Low-income, low education, age 30+ residents in specific zip codes in Pierce Co.<br>*Pierce Co. adult tobacco users and their family/friends<br>*Pierce Co. adult tobacco users and their family/friends<br>*Pierce Co. adult tobacco users and their family/friends<br>--Food handlers attending TPCHD training classes |
| Youth Quit Line promotion   | Pierce Co. youth who use tobacco  |
| <b>Brief Interventions</b>  |   |
| Provide Basic Tobacco Intervention Skills (BTIS) training<br>--Introduction class<br>--Four hour certification class<br>--Instructor training<br>--Bi-monthly luncheons/support meetings  | Health providers, dental providers, health educators and community members in Pierce Co.<br><br>--Certified BTIS graduates  |
| <b>Intensive Interventions</b>  |   |
| Conduct Patch Plus Partnership Program  | Low-income adults (who are ready to quit) in Pierce Co.   |
| Conduct TEG/TAP trainings   | Community leaders (trainers); youth (recipients of training) in Pierce Co.  |
| Develop capacity of intensive tobacco interventions<br>--Multi-Care<br>--American Lung Association  | --Multi-Care decision makers and health educators<br>--ALA decision makers and health educators   |

| Other Interventions  |   |
|--|---|
| Build community group capacity<br>--Support of TAB<br>--Needs assessment of cross-cultural services (Cross-cultural task force)<br>--Kickbutts Day and Great American Smokeout promotion (faith-based organizations)<br>--Support of Tobacco Free Puyallup<br>--Support of Sumner tobacco coalition<br>--Support of Gig Harbor tobacco coalition<br>--Support of Madigan | Pierce Co. community groups<br>--Key stakeholders and community members in Pierce Co.<br>--Cross-cultural communities in Pierce Co.<br>--Judeo-Christian organizations in Pierce Co.<br><br>--Key stakeholders and community members in Puyallup<br>--Key stakeholders and community members in Sumner<br>--Key stakeholders and community members in Gig Harbor<br>--Key stakeholders and health educators in military community |
| Strengthen workplace policies and client interventions<br>--TPCHD<br>--Multi-care  | --TPCHD management and staff<br>--Multi-care management and staff   |

## OUTCOMES

(What results)

### Board of Health Objective: Reduce adult tobacco use by 40%.

| SHORT<br>(Processes)  | MEDIUM<br>(Learning)   | LONG-TERM<br>(Action & Conditions)   |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Increase number of Pierce County tobacco users and their family/friends who receive Quit Line promotional messages.</li> <li>• Increase # of calls to WA adult tobacco quit line.</li> <li>• Increase # of calls to WA youth tobacco quit line.</li> <li>• Increase number of adults who receive intensive interventions.</li> <li>• Increase number of youth who receive brief and/or intensive interventions.</li> <li>• Increase attendance at tobacco cessation events.</li> <li>• Increase number of low-income people using pharmacotherapy when trying to quit smoking.</li> <li>• Increase number of tobacco cessation services for cross-cultural communities.</li> <li>• Increase number of health providers who receive training on screening patients for tobacco use (by attending BTIS).</li> <li>• Increase number of community leaders who receive training on screening patients for tobacco use (by attending BTIS).</li> <li>• Increase number of faith-based leaders who receive training on screening patients for tobacco use (by attending BTIS).</li> <li>• Increase number of workplaces in Pierce County with anti-tobacco policies and employee cessation benefits/services.</li> </ul> | <ul style="list-style-type: none"> <li>• Maintain adults' high level of knowledge about harmful effects of tobacco.</li> <li>• Increase health providers' intent to screen patients for tobacco use.</li> <li>• Increase BTIS participants' knowledge of stages of readiness.</li> <li>• Increase BTIS participants' skills to move tobacco users along continuum toward quitting.</li> <li>• Increase adults' knowledge about tobacco cessation resources.</li> <li>• Increase youth's desire to quit using tobacco.</li> </ul> | <ul style="list-style-type: none"> <li>• Increase number of health providers who screen patients for tobacco use.</li> <li>• Increase number of community leaders that screen for tobacco use.</li> <li>• Increase number of faith-based organizations that screen for tobacco use.</li> <li>• Increase number of health care and community organizations serving low-income clients that have systematically integrated BTIS and Patch Plus into their practices.</li> <li>• Increase community capacity to address tobacco prevention.</li> <li>• Decrease health disparities related to tobacco use in Pierce County.</li> <li>• Increase number of quit attempts (24 hours or longer) by youth.</li> <li>• Increase tobacco cessation by youth (using harm reduction techniques).</li> <li>• Decrease prevalence of tobacco use by youth.</li> <li>• Increase number of cessation attempts (24 hours or longer) by adults.</li> <li>• Increase number of tobacco users who stay tobacco-free for three months.</li> <li>• Increase number of tobacco users who stay tobacco-free for one year.</li> <li>• Increase permanent tobacco cessation by adults (tobacco-free for at least five years).</li> <li>• Decrease prevalence of tobacco use by adults.</li> </ul> |

## 2002 Environmental Tobacco Smoke Prevention Logic Model

### ASSUMPTIONS

- Research has established a causal relationship between environmental tobacco smoke (ETS) and lung cancer, other cancers, heart disease, chronic obstructive pulmonary disease, and other diseases; thus, a decrease in the prevalence of ETS will lead to a decrease in the incidence of and mortality from these diseases.
- Increasing the number of smoke-free restaurants/taverns/bars and other workplaces will lead to reduced exposure to ETS and will help motivate current smokers to quit using tobacco.
- ETS prevention activities (outputs) listed in this document will continue to be funded and implemented through the end of at least one evaluation cycle so that outcomes can be measured.

### ENVIRONMENTAL FACTORS

(External positive and negative influences)

- Ongoing WA DOH anti-tobacco media campaign.
- Other local ETS prevention efforts conducted by health providers, nonprofit health organizations, etc.
- Statewide cigarette tax.
- Funding of Robert Wood Johnson smokeless states initiative.
- Tobacco industry marketing and lobbying efforts to keep pro-tobacco policies and community norms.
- Restaurants' concerns about lost revenue, rights of private businesses.

| <b>INPUTS</b><br>(What we invest)   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• TPCHD staff: population-based nurse, prevention specialist/workgroup leader, workgroup members, support staff, prevention coordinator, program coordinator, food safety staff for smoke-free restaurant campaign, Office of Community Assessment staff for evaluation plan.</li> <li>• Active community task forces.</li> <li>• Community tobacco champions.</li> <li>• Funding for ongoing activities.</li> <li>• Consultation with WA DOH tobacco prevention staff.</li> </ul> |  |
| <b>OUTPUTS</b>  |  |
| <u>ACTIVITIES</u><br>(What we do)   | <u>PARTICIPATION</u><br>(Who we reach)   |
| Smoke-free restaurant/tavern/bar campaign<br>--Distribute Fresh Air Dining Guides<br>--Educate owners and managers of new and existing restaurants/taverns/bars about the benefits of being smoke-free<br>--Promote new smoke-free restaurants/taverns/bars via media campaign  | --General public in Pierce Co.<br>--Pierce Co. restaurant/tavern/bar owners & managers<br>--Pierce Co. restaurant/tavern/bar owners & managers, general public |
| Integrate ETS messages into other TPCHD programs<br>--Child care providers<br>--Clean Air for Kids  | Clients of TPCHD programs & services.<br>--Childcare providers in Pierce Co.<br>--Concerned families   |
| Conduct assessments to formulate strategies<br>--Smoke-free workplaces<br>--Public transportation centers<br>--Multi-unit housing   | --Pierce Co. employers<br>--Public transportation authorities<br>--Apartment managers/owners   |

| <p style="text-align: center;"><b>OUTCOMES</b><br/>(What results)</p>  |  |   |
|--|--|---|
| <p style="text-align: center;"><b>Board of Health Objective: Reduce adult tobacco use by 40%.</b></p>  |  |   |
| <p style="text-align: center;">SHORT<br/>(Processes)</p>   | <p style="text-align: center;">MEDIUM<br/>(Learning)</p>   | <p style="text-align: center;">LONG-TERM<br/>(Action &amp; Conditions)</p>  |
| <ul style="list-style-type: none"> <li>• Increase number of “Fresh Air” Dining Guides distributed.</li> <li>• Increase number of ETS media messages.</li> <li>• Increase number of community presentations.</li> <li>• Complete assessments of smoke-free workplaces, public transportation centers and multi-unit housing.</li> </ul> | <ul style="list-style-type: none"> <li>• Increase public awareness of ETS messages in the media.</li> <li>• Maintain knowledge level about harmful effects of ETS.</li> <li>• Increase public approval of smoking restrictions.</li> </ul> | <ul style="list-style-type: none"> <li>• Increase number of existing restaurants/taverns/bars that are smoke-free.</li> <li>• Increase number of new restaurants/taverns/bars that are smoke-free.</li> <li>• Strengthen smoking restrictions in public areas.</li> <li>• Reduce prevalence of ETS at restaurants/taverns/bars, public parks and bus shelters/hubs.</li> <li>• Increase number of cessation attempts by adults.</li> <li>• Decrease prevalence of tobacco use by adults.</li> <li>• Fully integrate ETS activities and messages into TPCHD programs with direct client services.</li> </ul> |



## 2002 Youth Tobacco Prevention Logic Model

### ASSUMPTIONS

- Research has established a causal relationship between tobacco use and lung cancer, other cancers, heart disease, chronic obstructive pulmonary disease, and other diseases; thus, a decrease in the prevalence in tobacco use will lead to a decrease in the incidence of and mortality from these diseases.
- Increasing attendance at youth tobacco prevention events will lead to an increase in youth's knowledge about harmful effects of tobacco, which will lead to a decrease in youth initiation of tobacco.
- Youth tobacco prevention activities (outputs) listed in this document will continue to be funded and implemented through the end of at least one evaluation cycle so that outcomes can be measured.

### ENVIRONMENTAL FACTORS

(External positive and negative influences)

- Ongoing Washington DOH anti-tobacco media campaign.
- Statewide cigarette tax (providing steady funding and decreasing youth initiation).
- Other local tobacco cessation efforts conducted by health providers, nonprofit health organizations, for-profit organizations, etc.
- Limited resources and collateral materials from Washington DOH.
- Funding for majority of activities and direction of priorities from Washington DOH.
- Tobacco industry marketing and lobbying efforts to keep pro-tobacco policies and community norms.
- Higher rates of poverty and smoking and a lower rate of education for Pierce County residents compared to Washington and U.S.
- Tobacco use seen as "rite of passage" into adulthood by some youth.

| <p style="text-align: center;"><b>INPUTS</b><br/>(What we invest)</p>   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• TPCHD staff: population-based nurse, prevention specialist/workgroup leader, workgroup members, support staff, prevention coordinator, program coordinator, Office of Community Assessment staff for evaluation plan.</li> <li>• Active community task forces.</li> <li>• Community tobacco champions.</li> <li>• Local and state funding for ongoing youth tobacco activities.</li> <li>• Consultation with WA DOH tobacco prevention staff.</li> </ul> |   |
| <p style="text-align: center;"><b>OUTPUTS</b></p>   |   |
| <p style="text-align: center;"><u>ACTIVITIES</u><br/>(What we do)</p>   | <p style="text-align: center;"><u>PARTICIPATION</u><br/>(Who we reach)</p>                |
| Complete final year of Tobacco Free Kids Club<br>--Community intervention study   | Elementary students in Puyallup   |
| Produce three Street Theater events   | Pierce Co. teens (through participation); Pierce Co. residents (through events' messages) |
| Conduct compliance checks of all tobacco retailers in Pierce Co.  | Retailer store management & staff; Pierce Co. youth                                       |
| Conduct Operation Storefront surveillance of all tobacco retailers in Pierce Co.  | Retailer store management & staff; Pierce Co. youth                                       |
| Continue TATU trainings   | Teens (through trainings) and younger youth (through teens' talks) in Pierce Co.          |
| Build youth/community collaborations<br>--Pierce County LITE  | Pierce Co. community groups   |
| Continue media literacy programs<br>--Media Sharp<br>--Teens, Tobacco, and Media  | --Middle school students in Pierce Co.<br>--High school students in Pierce Co.            |
| Continue Unfiltered video activities (dependent on evaluation of previous activities)   | Pierce Co. students; school administrators  |

## OUTCOMES

(What results)

**Board of Health Objective: Reduce adult tobacco use by 40%.**

| SHORT<br>(Processes)   | MEDIUM<br>(Learning)  | LONG-TERM<br>(Action & Conditions)   |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Increase attendance at youth tobacco prevention events.</li> <li>• Increase attendance in tobacco prevention media literacy programs throughout the county.</li> <li>• Increase involvement in anti-tobacco community groups by youth.</li> <li>• Decrease the average number of tobacco signs in tobacco retail stores.</li> <li>• Increase # of students who practice ways to say “no” to tobacco in schools.</li> <li>• Maintain monitoring 100% of tobacco retailers in Pierce Co. for compliance to youth tobacco laws.</li> <li>• Complete evaluation of Unfiltered program.</li> </ul> | <ul style="list-style-type: none"> <li>• Increase youth’s knowledge about harmful effects of tobacco.</li> <li>• Decrease misperceptions about the prevalence of youth and adult tobacco use.</li> <li>• Increase youth’s knowledge and skepticism of tobacco marketing techniques.</li> <li>• Increase community’s awareness of tobacco marketing techniques targeting youth.</li> <li>• Increase % of youth who believe that tobacco is hard to get.</li> <li>• Increase tobacco retailers’ knowledge of youth tobacco access laws and penalties.</li> <li>• Increase tobacco retailers’ knowledge of harmful health effects of youth tobacco use.</li> <li>• Increase the percentage of youth who report that most people who smoke want to quit.</li> </ul> | <ul style="list-style-type: none"> <li>• Decrease initiation of tobacco by youth.</li> <li>• Decrease # of students who use tobacco on school property.</li> <li>• Decrease number of youth who illegally buy tobacco from retailers.</li> <li>• Decrease number of tobacco retailers selling tobacco to youth.</li> <li>• Increase community capacity to address tobacco prevention.</li> <li>• Increase school capacity to address tobacco prevention.</li> <li>• Strengthen healthy norms for youth (e.g., peer pressure).</li> </ul> |

## 2002 Family Violence Prevention Logic Model

### ASSUMPTIONS

- Decreasing the prevalence of family violence will lead to a decrease in injuries to women, emergency department utilization, firearm-related mortality and other violence-related health effects on victims such as chronic neck and back pain, sexually transmitted infections and anxiety disorders.
- The Domestic Violence (DV) Helpline is a successful intervention in linking victims with available resources to increase victims' safety. An increase in calls to the Helpline will lead to more women living in safe environments, which will lead to a decrease in the prevalence of DV in Pierce County.
- A primary prevention benefit of decreasing the prevalence of family violence is the reduction of children exposed to a model of abuse and violence within their families.
- Increasing teens' awareness of dating violence issues not only increases victim safety, but also helps to change norms and values of this population around the acceptance of family violence (primary prevention).
- Efforts to increase family violence screening by health providers and faith-community leaders will lead to an increase of victim safety as well as help to change norms and values around the acceptance of family violence.
- Working with community partners increases the effectiveness of prevention activities as well as helps to change norms and values around the acceptance of family violence.
- Family violence prevention activities (outputs) listed in this document will continue to be funded and implemented through the end of at least one evaluation cycle so that outcomes can be measured.
- In order to achieve the second goal of Healthy People 2010 (eliminate health disparities among segments of the population), prevention programs need to specifically identify and target underserved populations.

## ENVIRONMENTAL FACTORS

(External positive and negative influences)

- Other local family violence prevention efforts conducted by community groups, nonprofit health organizations, health providers, etc.
- Lack of DV shelters and culturally appropriate resources/support services for DV victims.
- Several personal and cultural barriers hindering DV victims from using resources, including fear of repercussions by perpetrator, lack of resources and the social stigma of being identified as a DV victim.
- Significant barriers hindering health care providers' and faith community leaders' ability to screen for DV, including lack of time, limited knowledge of intervention methods, disbelief of effectiveness, lack of ownership of issue, and perceptions of low prevalence of family violence in patient base/congregation.
- Multiple social, cultural and political influences and norms around interpersonal relationships that do not support the prevention or intervention of family violence.
- Lack of recommended research-based strategies to reduce domestic violence.

## INPUTS

(What we invest)

- TPCHD staff: population-based nurse, prevention specialist/workgroup leader, workgroup members, support staff, prevention coordinator, program coordinator, Office of Community Assessment staff for evaluation plan.
- Other TPCHD program staff, including family-based PHNs, MOMs staff, ethnic health staff and CD network staff, who provide direct services and interventions to clients.
- Active community task forces (including the Pierce County Commission Against Domestic Violence).
- Funding for ongoing family violence prevention activities.

| OUTPUTS  |  |
|--|--|
| <u>ACTIVITIES</u><br>(What we do)  | <u>PARTICIPATION</u><br>(Who we reach)   |
| Conduct DV bathroom campaign<br>--Women<br>--Teens   | --Pierce Co. women in abusive situations<br>--Pierce Co. teens in abusive situations   |
| Develop provider DV training/intervention  | Pierce Co. health providers  |
| Build capacity of faith-based organizations<br>--New 2002 activities<br>--Follow-up on 2001 conference     | Leaders of faith-based communities and secular DV advocates in Pierce Co.  |
| Support community collaborations<br><br>--Ongoing participation in DV groups<br>--Under-served populations | Key stakeholders, community leaders in Pierce Co.<br>--Pierce Co. women and families<br>--Latinos, Asian/PIs, Native Americans & elderly in Pierce Co. |

| <p style="text-align: center;"><b>OUTCOMES</b><br/>(What results)</p>   |  |   |
|---|--|---|
| <p style="text-align: center;">SHORT<br/>(Processes)</p>  | <p style="text-align: center;">MEDIUM<br/>(Learning)</p>   | <p style="text-align: center;">LONG-TERM<br/>(Action &amp; Conditions)</p>  |
| <ul style="list-style-type: none"> <li>• Maintain the current level of DV Helpline promotional posters &amp; cards in bathrooms.</li> <li>• Establish teen-appropriate locations for bathroom campaign.</li> <li>• Increase the number of faith-community leaders who participate in FPAFV.</li> <li>• Increase the number of trainings for individual denominations.</li> <li>• Increase number of health providers who receive info on DV screening and resources.</li> <li>• Increase number of key stakeholders identified in communities.</li> </ul> | <ul style="list-style-type: none"> <li>• Increase awareness of family violence in Pierce Co.</li> <li>• Increase knowledge of family violence resources in Pierce Co.</li> <li>• Decrease barriers to health providers screening patients for family violence.</li> <li>• Increase health providers' knowledge of family violence resources for patient referrals.</li> <li>• Increase faith-community leaders' knowledge of and access to family violence resources.</li> <li>• Increase teens' awareness of dating violence.</li> <li>• Increase teens' knowledge of dating violence resources.</li> </ul> | <ul style="list-style-type: none"> <li>• Increase calls to the DV Helpline.</li> <li>• Increase use of family violence resources by victims.</li> <li>• Increase number of women who are screened for family violence by health providers.</li> <li>• Increase number of faith-based organizations that formally address family violence issues.</li> <li>• Increase communities' capacity to address family violence issues.</li> <li>• Change community norms around acceptance of family violence.</li> <li>• Increase victim safety.</li> <li>• Decrease the prevalence of domestic violence in Pierce County.</li> <li>• Decrease DV assaults and homicides in Pierce County.</li> <li>• Decrease the acceptability of violence toward women.</li> </ul> |

## 2002 Firearm Safety Logic Model

### ASSUMPTIONS

- Research suggests a causal relationship between storing a firearm at home and mortality from unintentional injuries, self-inflicted injuries, and assault-related injuries.
- The number of firearm deaths would decrease if more people who kept loaded firearms in the home kept them locked.
- Firearm safety activities (outputs) listed in this document will continue to be funded and implemented through the end of at least one evaluation cycle so that outcomes can be measured.

### ENVIRONMENTAL FACTORS

(External positive and negative influences)

- Other local firearm safety efforts conducted by community groups, nonprofit health organizations, health providers, etc.
- Firearm owners' concerns about eliminating the right to bear arms and personal protection.
- National Rifle Association and gun manufacturers' marketing and lobbying efforts to keep pro-firearm policies and community norms.
- Liability issues around distribution of firearm lock boxes by health providers and organizations.
- Media attention for the most unusual and bizarre violent events, fostering misperceptions that most violence occurs randomly and justifying firearm ownership for personal protection.

### INPUTS

(What we invest)

- TPCHD staff: population-based nurse, prevention specialist, prevention coordinator, program coordinator, support staff and Office of Community Assessment staff for evaluation plan.
- Funding for ongoing safe firearm storage promotion activities by TPCHD and DOH grants.



| OUTPUTS   |  |
|---|--|
| <u>ACTIVITIES</u><br>(What we do)   | <u>PARTICIPATION</u><br>(Who we reach)   |
| Conduct LOKITUP media campaign<br>-- Print ads<br>-- Billboards<br>-- Radio ads<br>-- Brochure/coupon distribution<br>**Gun shows<br>**Gun shops<br>**Firearm classes<br>**Gun permit offices | Male handgun owners with children in the home in Pierce Co., women with male partners who own handguns and who have children in the homes in Pierce Co., and low-income firearm-owning populations in Pierce Co.<br>-- Gun show coordinators and attendees<br>-- Gun shop owners and shoppers<br>-- Gun club managers and members<br>-- Gun permit office managers and permit requestors |
| Distribute LOKITUP brochure/coupon at child care centers  | Women with male partners who own handguns and who have children in the homes in Pierce County.   |
| Provide free storage/lock boxes<br>-- Low-income families via family-based nurses.<br>-- Mental health providers with adolescent clients at risk of self-harm.                                | -- Low-income firearm-owning populations in Pierce Co.<br>-- Mental health providers and adolescents at risk of suicide.   |

## OUTCOMES

(What results)

**Board of Health Objective: Reduce firearm-related violence by 15%.**

| SHORT<br>(Processes)   | MEDIUM<br>(Learning)   | LONG-TERM<br>(Action & Conditions)  |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Increase number of firearm safety media messages.</li> <li>• Increase number of firearm owners who call the LOKITUP helpline.</li> <li>• Increase number of mental health providers who make lockboxes available to families of adolescent clients at risk of suicide.</li> <li>• Increase number of low-income families with firearms who have lock boxes.</li> <li>• Increase number of firearm classes that include information about locking devices.</li> <li>• Increase number of childcare centers that provide clients with LOKITUP brochures.</li> <li>• Increase number of brochures/coupons distributed at gun shows.</li> <li>• Increase number of brochures/coupons distributed at gun shops.</li> </ul> | <ul style="list-style-type: none"> <li>• Increase public awareness of firearm safety messages in the media.</li> <li>• Increase awareness of families with adolescents of the risk of suicide with unlocked firearms.</li> </ul> | <ul style="list-style-type: none"> <li>• Increase number of firearm owners who buy locking devices.</li> <li>• Decrease the prevalence of unlocked &amp; loaded firearms in households.</li> <li>• Decrease incidence of firearm-related assaults and homicides.</li> <li>• Decrease incidence of firearm-related suicide and self-inflicted injuries.</li> <li>• Decrease incidence of firearm-related unintentional injuries and deaths.</li> <li>• Decrease the percent of students who bring handguns to school.</li> </ul> |

## 2002 Youth Violence Prevention Logic Model

### ASSUMPTIONS

- Primary prevention interventions for early onset violence are most effective when targeting youth age 10 years and younger.
- Risk and protective factors of youth violence are similar to the risk and protective factors of alcohol misuse and family violence.
- Many youths who commit crimes witnessed family abuse or were victims of abuse themselves.
- In order to achieve the second goal of Healthy People 2010 (eliminate health disparities among segments of the population), prevention programs need to specifically identify and target underserved populations.
- Youth violence prevention activities (outputs) listed in this document will continue to be funded and implemented through the end of at least one evaluation cycle so that outcomes can be measured.

### ENVIRONMENTAL FACTORS

(External positive and negative influences)

- Other local violence prevention efforts conducted by community groups, nonprofit health organizations, health providers, etc.
- Higher poverty rate and lower rate of education for Pierce County residents compared to Washington and U.S.

## INPUTS

(What we invest)

- TPCHD staff: population-based nurse, prevention specialist/workgroup leader, workgroup members, support staff, prevention coordinator, program coordinator, Office of Community Assessment staff for evaluation plan.
- Local funding for ongoing youth violence prevention activities.

## OUTPUTS

| <u>ACTIVITIES</u><br>(What we do)                  | <u>PARTICIPATION</u><br>(Who we reach)               |
|--|--|
| Produce youth violence assessment and data reports | Pierce Co. community organizations, key stakeholders |
| Build community capacity to address youth violence | Pierce Co. community organizations                   |

## OUTCOMES

(What results)

| SHORT<br>(Processes)   | MEDIUM<br>(Learning)   | LONG-TERM<br>(Action & Conditions)   |
|--|--|--|
| <ul style="list-style-type: none"> <li>• Complete an assessment of the resources and services for youth development.</li> <li>• Increase # of key stakeholders identified in communities.</li> </ul> | <ul style="list-style-type: none"> <li>• Increase key stakeholders' knowledge of youth violence resources in Pierce Co.</li> <li>• Increase key stakeholders' knowledge of best practices for youth violence reduction.</li> </ul> | <ul style="list-style-type: none"> <li>• Increase communities' capacity to address youth violence issues.</li> </ul> |

## **2002 Alcohol Misuse Prevention Logic Model**

### **ASSUMPTIONS**

- Research has established a causal relationship between alcohol misuse and liver disease, esophageal and other cancers, digestive diseases, motor vehicle collisions and other unintentional injuries, suicides, homicides and other illnesses; thus, a decrease in the prevalence in alcohol misuse will lead to a decrease in the incidence of and mortality from these diseases.
- Alcohol-restricting policies and laws are effective in helping to reduce alcohol misuse in communities.
- The effectiveness of anti-alcohol education campaigns targeting underage persons has been challenged in situations where they are not combined with policies and laws restricting alcohol use.
- An increase in the number of people who see alcohol misuse media campaign images will lead to an increase in awareness of alcohol-related laws and penalties, which increases compliance of these alcohol-related laws.
- Alcohol misuse prevention activities (outputs) listed in this document will continue to be funded and implemented through the end of at least one evaluation cycle so that outcomes can be measured.

### **ENVIRONMENTAL FACTORS**

(External positive and negative influences)

- Other local alcohol misuse prevention efforts conducted by health providers, nonprofit health organizations, community groups, WA Liquor Control Board, etc.
- Existing driving under the influence laws (.08) and other alcohol-restricting laws enforced by local police and county sheriffs staff.
- Pervasive belief by key stakeholders in the community that alcohol misuse is not a problem behavior for Pierce County residents.
- Alcohol industry marketing and lobbying efforts to keep pro-alcohol policies and community norms.

## INPUTS

(What we invest)

- TPCHD staff: population-based nurse, prevention specialist/workgroup leader, workgroup members, support staff, prevention coordinator, program coordinator, Office of Community Assessment staff for evaluation plan.
- Active community task forces.
- Funding for ongoing alcohol misuse activities.

## OUTPUTS

| <u>ACTIVITIES</u><br>(What we do)   | <u>PARTICIPATION</u><br>(Who we reach)   |
|---|--|
| Support community groups & build key stakeholders<br>--DUI task force<br>--Greater Tacoma Community Partnership<br><br>--High school anti-drug and other prevention groups<br>--Peninsula School District<br>--Campus Community Partnership (CCP)<br>--Quarterly newsletter | --General public<br>--General public, alcohol retail outlets, community leaders<br>--High school and middle school students<br><br>--School staff<br>--College students<br>--CCP and other group members, key stakeholders |
| Conduct media campaign discouraging adults from supplying alcohol to underage persons   | Underage persons and young adults in Pierce Co.  |
| Decrease the amount of alcohol served at selected community events<br>--First Night (alcohol-free)<br>--Sporting events   | Event management staff, event coordinators and general public in Pierce Co.  |

| OUTCOMES<br>(What results)   |  |   |
|--|--|---|
| Board of Health Objective: Reduce alcohol misuse (binge drinking) by 20%.  |  |   |
| SHORT<br>(Processes)   | MEDIUM<br>(Learning)   | LONG-TERM<br>(Action & Condition)   |
| <ul style="list-style-type: none"> <li>• Increase # of community events that decreased the amount of alcohol served.</li> <li>• Increase # of adults who have seen media campaign images.</li> <li>• Increase # of underage persons who have seen media campaign images.</li> <li>• Increase # of key stakeholders identified in communities.</li> </ul> | <ul style="list-style-type: none"> <li>• Increase adults' awareness of law prohibiting purchase of alcohol for minors.</li> <li>• Increase underage persons' awareness of law prohibiting purchase of alcohol for minors.</li> <li>• Increase public approval of alcohol laws/restrictions.</li> </ul> | <ul style="list-style-type: none"> <li>• Decrease prevalence of alcohol misuse (binge drinking) by underage persons.</li> <li>• Delay youth initiation of alcohol.</li> <li>• Increase compliance with law that prohibits furnishing alcohol to minors.</li> <li>• Increase community capacity to address alcohol misuse issues.</li> <li>• Decrease availability of alcohol to underage persons.</li> <li>• Change community norms around acceptance of alcohol misuse.</li> </ul> |

## **Appendix B: Survey Tools**

Behavioral Risk Factor Surveillance System

Healthy Youth Survey

County Profiles of Tobacco Knowledge and Beliefs

Market Data Research's Pulse Survey (questions asked to date)